



Employability Fund Individual training plan

Where there are tick boxes, please tick all that apply

Print and sign completed document

The personal information provided on this form will be retained securely in compliance with Data Protection, SDS Privacy policy/statement, and will be securely destroyed after it is no longer required for the administration of the Employability Fund.

Section 1

EF training provider details

EF Training Provider name.....

Contact name.....

Address.....

Creditor code.....

.....

.....

Section 2

Participant details

Surname.....

SDS CSS number (if known).....

First name.....

Awarding body candidate number (if known).....

NI number.....

Section 3

EF Stage

Stage 2 Core skills and/or employability and/or personal development

Stage 3 Employability and/or vocational training. (Please specify industry sector)

Stage 4 Pre-employment training and job matching

Employability Fund

Individual training plan

Section 4

Initial assessment

Qualifications, skills and experience
Qualifications (e.g. school, industry, SVQs etc)

Title	Level	Grade	Date Achieved
.....
.....
.....
.....
.....
.....
.....

Other relevant learning/experience/skills - this could include hobbies/interests, work experience from time at school or previous employment
.....

Employability Fund

Individual training plan

Section 5

Planned training

Content (Record all planned non-certificated training to be undertaken)

Outputs (Record all planned certificated training to be undertaken. Please note that certificated training is not a mandatory element of the EF)

Name/code (if appropriate) of qualification/unit/module/SCQF rated programme <small>(For Stage 4, where the qualification is not SCQF credit rated, please include a brief description)</small>	Organisation accredited to deliver the certificate	SCQF Level <small>(if appropriate)</small>	SCQF credit points <small>(if appropriate)</small>	Awarding Body	Nature of Provision
		Overall Level	Total credit points		

Outcomes (Record the target outcome agreed at the start of training)

Employability Fund Individual training plan

Section 6

Work experience plans

If more than one work experience plan then utilise option 2 & 3 columns.
Please use Section 11 if you require more space.

Employer name.....	Employer name.....	Employer name.....
Employer address.....	Employer address.....	Employer address.....
.....
Industry sector.....	Industry sector.....	Industry sector.....
Job role.....	Job role.....	Job role.....
Health and safety check completed Yes No	Health and safety check completed Yes No	Health and safety check completed Yes No
Start date End date	Start date End date	Start date End date
Pattern of attendance on work experience	Pattern of attendance on work experience	Pattern of attendance on work experience
.....
Duties to be undertaken during work experience	Duties to be undertaken during work experience	Duties to be undertaken during work experience
.....

Section 7

Programme duration, hours and attendance pattern

Start date.....	Hours and attendance pattern
Anticipated end date.....	agreed at the start of training

Section 8

Declaration of agreement

This section must be completed within the 9 calendar day period following the Participant's start date, and in advance of the Provider registering the start on FIPS.

I declare that I understand and agree with the content of this Individual Training Plan

Participant Signature	EF Provider Signature	Position
Date	Print Name	Date

Employability Fund Individual training plan

Section 9 ITP Review

Either complete this section or enter the date and attach a separate signed and dated document with details of the review.
Please use Section 10 if you require more space.

Date of Review.....

Date of Review.....

Date of Review.....

Summary of progress towards outputs/outcome

Summary of progress towards outputs/outcome

Summary of progress towards outputs/outcome

.....
Details of agreed changes to ITP

.....
Details of agreed changes to ITP

.....
Details of agreed changes to ITP

.....
Participant Signature.....

.....
Participant Signature.....

.....
Participant Signature.....

.....
EF Provider Signature.....

.....
EF Provider Signature.....

.....
EF Provider Signature.....

Employability Fund

Individual training plan

Section 10

Additional information

Section 11

Declaration of completion

This Section is part of the evidence requirements to support a progression to a more advanced stage of the Strategic Skills Pipeline. It should only be signed on completion of the Programme.

I declare that I have successfully completed the agreed Programme of Training as set out in this Individual Training Plan.

Participant Signature.....	EF Provider Signature.....	Position.....
Date.....	Print Name.....	Date.....