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| **L4/5 Foundation Apprenticeship Programme****Individual Learning Plan** |
| **Section 1. Learner and Training Details** |
| First Name (s) |  | Scottish Candidate Number (SCN) |  |
| Last Name |  | Date of Birth |  |
| School Name |  |
| Learning Provider Name |  |
| Qualification |  |
| Additional Support Needs Identified  | YES/NO | Action |  |
| The Individual Learning Plan is a working document and should be completed and updated to reflect outcomes of reviews.

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| **Description of work based learning project** |
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|  | **Section 2. Qualification Details** |
| SFW, NPA Ref Number Unit Name | Stage of Project (plan/do/review) | Planned Date | Actual Achievement Date |
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| WBC UnitRef Number Unit Name |  |  |  |
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| **Section 3. Attendance Details** |
| Dates | From: |  | To: |  |  |
| Attendance Pattern | Day | Year 1 | Year 2 |
| AM | PM | AM | PM |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

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| **Section 4. Individual Learning Plan Agreement** |
| Learner Name |  | Learner Signature |  | Date  |  |
| Learning Provider Representative Name |  | Learning Provider Representative Signature |  | Date |  |