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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.   |  | | --- | | **Description of work based learning project** | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
|  | **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 Unit  Ref 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 |  |