Graduate Apprenticeship

Destination Report

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| **Learning Provider**  |  |
|  **Learner Name** |  |
| **Employer Name** |  |
| **GA Framework** | Please click here and choose a Framework |
| **GA Completion Date** |  |

|  |  |
| --- | --- |
| **Module/Unit Name** | **Pass/Fail** |
|  | Select |
|  | Select |
|  | Select |
|  | Select |
|  | Select |
|  | Select |
|  | Select |

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|  **Do you plan on staying with your current employer for the next 6 months? If not, what are your career plans for the next 6 months.** |
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| **Do you plan on completing any further study? If so please provide details, eg either Traditional or WBL course.** |
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| **Do you think your Apprenticeship has improved your career progression opportunities?** |
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| **10. Signature** | **Date of signature** |
| **Learner****Name** |  | Click to select a date |
| **Learner** **Signature** |  |