##### INDIVIDUAL LEARNING PLAN / IAG

ESF GRANTS PROGRAMME

|  |  |  |  |
| --- | --- | --- | --- |
| Learner Name |  | Grant Recipient Name | Gaydio Brighton Ltd  TA The Gaydio Academy |
| Course Advisor | Alex Baker | Start Date: | 5th November 2020 |

**To be completed by the Learner**

Self-Awareness

|  |
| --- |
| How can the training / support help you in getting into work or moving to further education? |
| What would you like to achieve as a result of the training / support agreed? |

Barriers to Learning

|  |  |  |  |
| --- | --- | --- | --- |
| Educational Barriers: Did you come across any barriers whilst at school or college that you feel will influence you completing this training programme? | Yes | No | If yes, what were they? |
| Personal Barriers: Is there anything that might prevent you from completing this training programme? | Yes | No | If yes, what? (eg, family engagement, Communication, Confidence…) |
| What can we do to help you overcome these barriers? | Suggestions/Comments: | | |

Pre-entry Information, Advice and Guidance:

|  |
| --- |
| I confirm that I have received pre-entry IAG, and that the following areas have been covered with me:  The choice of training and support for my programme of activity 🞏  An initial assessment to ensure the programme is suitable for me 🞏  The support available to me 🞏  The policies and procedures relating to my IAG and programme 🞏 |

**To be completed by The Gaydio Academy**

Result of Initial Assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Literacy level | Numeracy level | Vocational Skills Gap Discussed | Learning Style discussed | Date assessed |
|  |  |  |  |  |
| Comments: | | | | |

Please attach copy of Initial Assessments results or achievement.

Training Discussed and Agreed (inc non-regulated activity):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level | Qualification/Course Title | Learning Aim | Duration (in hours) | Start Date | End Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Support Discussed and Agreed:

|  |  |  |
| --- | --- | --- |
| Type of Support Agreed | Start Date | End Date |
|  |  |  |
|  |  |  |
|  |  |  |

SMART Objectives:

|  |  |  |
| --- | --- | --- |
| Objective | Start Date | End Date |
|  |  |  |
|  |  |  |
|  |  |  |

Next Steps:

|  |  |
| --- | --- |
|  | Summary of Discussion |
| Progression Routes. E.g. Employment, Further learning |  |
| Agreed date of first activity:  Venue: |  |

Signatures:

We hereby confirm that we have read, understood and agree with the contents of this Individual Learning Plan

Learner signature Name Date

Gaydio Academy Name Date ­