

Traineeship - Engagement Record of Review

Name: _____ Date of Birth: ____ / ____ / ____

Period covered by review: Reviews must take place at least once every **31** days

PLANNED REVIEW	ACTUAL REVIEW	LOCATION OF REVIEW:	DATE OF NEXT
DATE:	DATE:		PLANNED REVIEW:
____ / ____ / ____	____ / ____ / ____	☐ Centre ☐ Workplace	____ / ____ / ____

Is this review being used along with the ILP and the soft skills tracker? Yes / No

What learning activity has taken place since the last review towards the main engagement units? Have any engagement units been achieved, if not why not? Please sign off if you have. How do you feel you are progressing as a learner? Are you satisfied with your progress and/or our programme?

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What other learning activity has taken place since the last review including sessions, trips and tasters? What learner activities have you chosen for the afternoon options, what have you learnt from these? Have any visitors been in for specialised talks? Have you been on any other trips offered? What have you learned from any of these and how do they improve your well being or employability?

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Are you studying towards an Essential Skills qual with our tutor (numeracy and/or literacy)? Yes / No

If yes the ESW tutor will comment below on your progress:

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If not, you need to update your WEST results sheet to show where you have completed the skills gaps (mentor to help with this). Insert dates of completion for each skills gap.

Personal Development – Using the soft skills tracker, please insert your marks of ten. Now reflect on increases or decreases. How do you feel you are developing as a person and is this helping your 'employability' factor. Are there any new circumstances that we need to be aware of?

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	Unauthorised Absence
Hours from previous review	
Unauthorised absence since last review	
Total unauthorised absence hours	

Progression: How long have you been on programme for, when your end date? Have you met with the Opportunities Advisor for a work placement? What type of environment would you like to attend? Is there anything holding you back?

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FORWARD PLAN FOR NEXT REVIEW PERIOD:

ACTIVITY E.g. qualification units, sessions, trips, Lit/Num etc.	ACTION PLANNED	BY WHOM	BY WHEN

PERSONAL GOALS	ACTION PLANNED (make S.M.A.R.T)	BY WHOM	BY WHEN

Has the learner been involved in an accident since the last review Yes / No If yes please attach full reporting documentation to the review
 Safe Guarding: Have there been any personal issues since the last review, if so has this been reported to the centre manager? Yes / No

What does the term PREVENT mean? Can you give an example of this? Have you got any concerns?

Safety and Wellbeing: Do you feel safe within, and outside the centre? How is your physical, mental and emotional well being?

Overall Programme level Guided Contact Hours			Activity Title	%
	Centre Based	Work Based Support & Assessment	How many engagement units completed out of 9? (each unit complete 11%)	
GCH b/f from previous review.			CV complete	Yes/No
GCH undertaken since last review.			Other courses, activities please see ILP.	
Total GCH to date c/f to next review.				

IALP: This has been discussed and updated with learner present. ☐ **Signed learner:** _____

LEARNER COMMENTS: I wish to appeal Yes ☐ No ☐ (If yes, details of appeal must be attached)

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** ____ / ____ / ____

TUTOR COMMENTS:

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** ____ / ____ / ____

Any others' COMMENTS: Placement or another staff member: