**PARTICIPANT LEARNING REVIEW**

**Collaborative Apprenticeship**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name(s) |  | | | | Surname | |  | | | |
| Course Title |  | | | | | | | Learning Aim Ref: | |  |
| Learning Review | First | Second | Third | Fourth | | Final | | | Date |  |

**The number of reviews completed should be in relation to the length of the training – a one day course = “First” only, but please also circle “Final” to confirm that no further reviews are due.**

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| **SECTION E – LEARNING REVIEW**  **(Page to be duplicated for each required Review)** |

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| --- | --- | --- | --- | --- | --- |
| **First Review only** - What are the learning objectives/targets that the participant is expected to achieve? **Subsequent Reviews** – What were the learning objectives/targets set at the last review? | | | | | |
|  | | | | | |
| What progress/achievements has the participant made? | | | | | |
|  | | | | | |
| What are the learning objectives/targets expected to be achieved by the next review?  **If Final Review** - Next Step/Progression - Participant aspirations/Training Provider recommendations? | | | | | |
|  | | | | | |
| Participant Name |  | Participant Signature |  | Date |  | |
| Training Provider Rep. Name |  | Training Provider Rep. Signature |  | Date |  | |