

INITIAL PROGRESS REVIEW TEMPLATE

‘Getting off on the right foot’

**Tying together enrolment, induction and onboarding,
and the first and subsequent progress reviews.**

JULY 2024

Review

Employer representative

Name: Click or tap here to enter text.

Training provider representative

Name: Click or tap here to enter text.

Learner

Name: Click or tap here to enter text.

Date of initial progress review	
--	--

Programme

This is your Initial Training Plan Progress Review. We will review your starting point, look at what happens next, what you are aiming to achieve, and how we can support you whilst on your apprenticeship programme.

☐ We are happy with the programme that I/the apprentice will be working towards (i.e. it is challenging but achievable, aligns with the job role and will support career progression)

☐ I have completed the initial skill scan to show my understanding and any experience I have of the different programme elements.

At this stage, is there any additional support, assistance or guidance we can give to either of you as Apprentice or Line Manager / Mentor?

Click or tap here to enter text.

Induction

☐ I have completed my workplace induction with: Click or tap here to enter text.

What do you know now that you did not know before your induction?

Click or tap here to enter text.

Since your induction and the completion of your skills scan, what have you learned?

Click or tap here to enter text.

Short and long-term goals

Setting a long-term career goal will give you something to aim for. Please set yourself an aspirational career goal here:

Your goal:

Click or tap here to enter text.

How will your apprenticeship programme help you towards your career goal?

Click or tap here to enter text.

Setting some short-term goals can provide you with some stepping stones towards your long-term goal. Please set yourself some short-term goals:

Click or tap here to enter text.

Health and Wellbeing

☐ I have had an induction into our Health and Wellbeing programme and schedule

Explain what you learned and the impact on you, or your workplace, now that you have this understanding

Click or tap here to enter text.

Health and Safety

Your safety and security is very important to us. We will be asking you about Health & Safety, Safeguarding and general wellbeing

What would you do if you felt unsafe at work?

Click or tap here to enter text.

What would you do if you felt unsafe while working with us?

Click or tap here to enter text.

Health and Safety checks:

What is the name and contact details of your workplace mentor and/or Line Manager?

Click or tap here to enter text.

What role will your workplace mentor and or Line Manager play in supporting your apprenticeship (list examples):

Click or tap here to enter text.

At this stage, is there any additional support, assistance or guidance we can give either of you?

Click or tap here to enter text.

End Point Assessment (EPA)

The following information relates to the End Point Assessment for this apprenticeship. Your progress towards this will be discussed at each review.

These are the methods that will apply to your End Point Assessment:

- ☐ Portfolio showcase
- ☐ Exam
- ☐ Professional discussion
- ☐ Observation
- ☐ Project
- ☐ Presentation
- ☐ Other (please provide below)

Click or tap here to enter text.

How will your employer support you towards this achievement?

Click or tap here to enter text.

- ☐ The employer has been given a copy of the assessment plan and understands their responsibilities
- ☐ The learner has been given a copy of the assessment plan and understands their responsibilities

Next step actions

Explain what you learned and the impact on you, or your workplace, now that you have this understanding.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap to enter a date.

Signatures

The next review will be on: Click or tap to enter a date.

Employer representative

Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Training provider representative

Name: Click or tap here to enter text.	Signature: Click or tap here to enter text.
Learner	
Name: Click or tap here to enter text.	Signature: Click or tap here to enter text.
If you would like any further information or support, please contact the apprenticeship team: Click or tap here to enter text.	

FUNDED BY



Department
for Education