

**Bedfordshire Scouts
Personal Learning Plan - Summary**

Name:	Appointment:
Title:	TA:
Group:	District:
Meeting Date:	Prov Appt Date:

Available for training: Weekends- yes / no Evenings- yes / no

Module No.	Learning Required (Yes or No)	Proposed Method of Learning	Training Course Date (if applicable)	Proposed Methods of Validation	Date of Validation
1					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 or 26					
25					
Get Together					

Training Advisor to complete this form within two weeks of initial and subsequent meetings and send it to their Local Training Manager who will process and forward to the County Office.

Please complete the information below - no separate course registration form required

Address:	
Mobile Phone Number:	Home Telephone:
Date of Birth:	Association membership number:
Occupation:	Email:
Hobbies:	Religion: