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**Apprentice Progress Review**

This progress review document is to support the apprentice through a periodic three-way progress review that involves the apprentice, the employer mentor/manager and the university clinical skills coach or lecturer.

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| **Date of Review:** |  | **Next Review Due:** |  |

**Progress on Apprenticeship RAG Rating**

*(please tick appropriate box)*

**Key:**

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| **R** | Not on target, serious concerns |
| **A** | Slightly behind target, no serious concerns. |
| **G** | On target, no concerns. |

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| **MSc** |  |
| **KSBs** |  |
| **Functional Skills** |  |
| **Overall** |  |

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| **Apprentice Name:** |  |
| **Area of Practice & Job Title:** |  |
| **Clinical Skills Coach/Lecturer:** |  |
| **Workplace Mentor/Manager:** |  |
| **Date of Progress Review meeting:** |  |
| **Meeting Type:** | Face to Face / Teams |

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| **Company/Organisation/Employer Name:** |  |

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| **Apprenticeship Standard:** | Level 7 Advanced Clinical Practitioner |

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| **Start Date:** |  | **Planned End Date:** |  |

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| **Qualifications and/or modules completed since last progress review:** |
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| **Portfolio Progress:** |
| *(What progress have you made on your portfolio since your last progress review?) (Case studies, reflections, change reports)* |
| **Please record learning undertaken since last progress review for Knowledge, Skills and Behaviours:** |
| **Knowledge**  *(In addition to progress on knowledge units, also consider knowledge developed as a result of University or workplace learning)* |
| **Skills**  *(In addition to progress on competency qualification units, also consider skills developed as a result of University or workplace application of learning)* |
| **Behaviours**  *(Refer to standard for Behaviours required. Typically, you may consider: flexibility, ethics, integrity, communication, motivation, reliability, responsibility, positivity, time management etc.)* |

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| **Functional Skills** |
| English:  *Exempt - evidence received & accepted / Required / Planned Start Date of FS / Currently completing FS*  Learning undertaken since last review:  *Where functional skill is complete, include how these skills are being applied or embedded.* |
| Maths:  *Exempt - evidence received & accepted / Required / Planned Start Date of FS / Currently completing FS*  Learning undertaken since last review:  *Where functional skill is complete, include how these skills are being applied or embedded.* |

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| **Additional Learning Support Requirements** |
| Have any additional support requirements been disclosed or identified?  *Discuss whether the apprentice requires any additional support for specific learning difficulties e.g. dyslexia, dyspraxia\*, dyscalculia or other disabilities such as medical conditions.*  Yes / No  If so, has the apprentice been contacted by the University’s additional support team?  Yes / No / N/A  Has a support plan been put in place?  Yes / No / N/A |

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| **Targets for next Progress Review** |
| *These targets should consider Knowledge, Skills & Behaviours, include stretch & challenge and be SMART*  1.  2.  3. |

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| **Off the Job Hours** | |
| Required Number of Off the Job Hours: |  |
| Off the Job hours achieved to date: |  |

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| **Summary of PREVENT / Safeguarding / British Values / Equality & Diversity** |
| *Record of discussion & any training undertaken* |

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| **Health & Safety** |
| Do you feel safe at work? Yes / No  *If the answer is ‘No’, please provide detail and action taken.* |
| Have you been involved in any incidents/accidents/near misses since the last progress review?  Yes / No  *If the answer is ‘Yes’, please provide detail and action taken.* |
| What is your understanding of Health & Safety?  *Include record of discussion/questions asked.* |

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| **Careers Education, Information, Advice & Guidance** |
| *CEIAG is designed to prepare students for life in modern Britain by providing the knowledge, understanding, confidence and skills that they need to make informed choices and plans for their future learning and career.*  *E.g. Career advice, progression opportunities including next steps, referrals to student advisors.* |

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| **Amendments to Individual Learning Plan** |
| *Record any changes in modules, work location, address, contact details, changes of mentor/supervisor* |

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| **Apprentice Destination (final review only)** |
| *See codes on apprentice destination & progression codes document to complete.*  Apprentice Destination:  Apprentice Outcome:  Completion Status:  Withdrawal Reason: *(if applicable)* |

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| **Comments** |
| Apprentice |
| Employer |
| UoL Clinical Skills Coach/Lecturer |

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| **Signatures** | |
| Apprentice |  |
| Employer |  |
| UoL Clinical Skills Coach/Lecturer |  |