

INDIVIDUAL LEARNER AGREEMENT

1 INDUCTION

COURSE INDUCTION CHECK LIST & INITIAL IAG

	YES	NO
I have completed sector skill scans	<input type="checkbox"/>	<input type="checkbox"/>
I have received and understood my Learning and Funding Information Letter	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understood Beacon's Fees and Charging Policy	<input type="checkbox"/>	<input type="checkbox"/>
I have completed my skill scan for Literacy	<input type="checkbox"/>	<input type="checkbox"/>
I have completed my skill scan for Numeracy	<input type="checkbox"/>	<input type="checkbox"/>
I have received a copy of Beacon's Learner Handbook	<input type="checkbox"/>	<input type="checkbox"/>
I have received learning resources to help me with my studies	<input type="checkbox"/>	<input type="checkbox"/>
I have received my learning style questionnaire	<input type="checkbox"/>	<input type="checkbox"/>

My Tutor has made me aware of the location of Beacon's Policies (on their website) and the following policies were discussed during my induction:

	YES	NO		YES	NO
Equality and Diversity	<input type="checkbox"/>	<input type="checkbox"/>	Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Appeals procedure	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>
Complaints procedure	<input type="checkbox"/>	<input type="checkbox"/>	Use of IT and Media	<input type="checkbox"/>	<input type="checkbox"/>
Use of Quads Direct	<input type="checkbox"/>	<input type="checkbox"/>			

My Tutor has explained:

	YES	NO
The course content	<input type="checkbox"/>	<input type="checkbox"/>
How the course will be delivered	<input type="checkbox"/>	<input type="checkbox"/>
Attendance requirements and monitoring	<input type="checkbox"/>	<input type="checkbox"/>

My Tutor has discussed:

	YES	NO
Additional Learning Needs (making me aware that these can be discussed in confidence during our one to one IAG sessions)	<input type="checkbox"/>	<input type="checkbox"/>

Learner Signature: Date:

Tutor Signature: Date:

INITIAL COURSE REVIEW & IAG

Based on your induction and your pre-course guidance do you still feel this is the right course for you?

What are your career and personal goals and how do you feel the course will help you achieve them?

Reflecting on your answers above, set yourself three goals that you would like to achieve during this course and / or on its completion.

3 SMART TARGETS SET BY TUTOR (0-12 WEEKS):

LEARNING AGREEMENT

Beacon Education Partnership is a partner of the National Skills Academy for Health and the National Skills Academy for Care and we are collectively committed to:

- Providing a high quality learning experience
- Contributing to the social and economic well-being of learners
- Preparing learners for employment
- Supporting front-line care services
- Ensuring a safe learning environment
- Delivering high quality informative guidance around course selection and employment options
- Working with external stakeholders to facilitate employment opportunities and social mobility

In order to support and achieve these aims we require all learners to formally confirm their commitment to their chosen programme of study. As part of this commitment you are required to:

- Comply with Beacon Education Partnership's policies and procedures which include, Health and Safety, Equality and Diversity and Safeguarding
- Make Beacon Education Partnership aware at the earliest opportunity of any changes to your circumstances that may affect your programme of study
- Ensure course work is completed on time
- Make every effort to ensure attendance of classes
- In the event of sickness contact your tutor or Beacon Education Partnership's main office at the earliest opportunity;
- Show respect to your fellow learners and tutors at all times.

LEARNER DECLARATION

I confirm I have received a full induction to this programme of study, including being provided with information relating to my chosen funding route and understand fully what is required of me as a learner.

Print Name:

Signature:

Date:

85-87 Bayham Street
Camden | London NW1 0AG
Telephone: +44 (0)20 7788 4007
Email: info@beaconeducationpartnership.org.uk
www.beaconeducationpartnership.org.uk

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