

## MODERN APPRENTICESHIP TRAINING PLAN

### The Modern Apprenticeship Centre

Name:
Address:
Telephone:
Contact:

### The Modern Apprentice

Full name:
Home address:
Work address:
Date of birth:

### The Employer

Name:
Address:

Telephone:
Contact:

**The Local Enterprise Company (if applicable)**

Name:
Address:
Telephone:
Contact:

**Framework selected outcome**

**Mandatory outcomes**

<b>S\NVQ Level (please identify level)</b> (List mandatory and optional units)		<b>Tick units being undertaken</b>	<b>SCQF Level</b>	<b>SCQF Credit Points</b>
<b>S\NVQ level (please identify level)</b> (List mandatory and optional units)				
<b>Enhancements</b>				

<b>Core Skills</b> (Include details of the minimum level required)		Tick units being undertaken	SCQF Level	SCQF Credit Points
1	Communication			
2	Working with others			
3	Numeracy			
4	Information technology			
5	Problem Solving			

### Optional outcomes

<b>Additional units (if any)</b> These are optional and should reflect the individual training needs of the Apprentice		Tick units being undertaken	SCQF Level	SCQF Credit Points
	(specify unit)			
	(specify unit)			
	(specify unit)			
	(specify unit)			

### Summary of Modern Apprentices accredited prior learning

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**If you require assistance in completing this form, please contact:**

Shirley Gibson  
MA Administrator  
Scottish Social Services Council  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY