

## **TECHNICAL APPRENTICESHIP TRAINING PLAN**

**The Modern Apprenticeship Centre** Name: Address: Telephone: Contact: **The Technical Apprentice** Full name: Home address: Work address: Date of birth: The Employer Name: Address: Telephone: Contact:

**Skills Development Scotland office** Name: Address: Telephone: Contact: **Framework selected outcomes** Mandatory outcomes Qualification Level (please identify level) SCQF SCQF Tick (List mandatory and optional units) units Level Credit being **Points** under taken Qualification level (please identify level) (List mandatory and optional units)

Enhancements				

Career	Skills	Tick units	SCQF	SCQF
(Include details of the minimum level required)		being undertaken	Level	Credit Points
1	Build and manage teams (CFAMLD9)		7	8
2	Provide leadership for your team (CFAMLB5)		7	9
3	Manage Budgets (CFABAA532)		7	5
4	Allocate and monitor the progress and quality of work in your area of responsibility (CFAMLD6)		7	14
5	Communicate information and knowledge (CFAMLE11)		7	3
6	Ensure Health and Safety requirements are met in your area of responsibility (CFAMLE6)		7	11
7	Manage your own resources and professional development (CFALMA2)		7	8
8	Recruit select and keep colleagues (CFAMLD3)		9	12
9	Promote equality of opportunity. Diversity and inclusion in your area of responsibility (CFAMLB1)		8	10
10	Provide leadership in your area of responsibility (CFAMLB6)		8	9

## Summary of Technical Apprentice's accredited prior learning: