

Identification of Participant's Needs and Career Planning

This form is to be completed by the Supervisor in consultation with the CE Participant. The questions are to be used as prompts in a guided conversation, and in conjunction with the ILP Guidelines. Both parties must agree that the information noted here is an accurate record of the discussion.

Participant Name	
Job Title:	
Job Description:	
Career Plan:	

Section A (Details can be obtained from CV if available)

1. Your previous work history

Job	Employer	Duties	Duration

2. Education and/or training courses or schemes you have already completed

Education/Scheme/Course	Skills/Qualifications Attained	Date

3. Main skills, abilities, and work experience you already have

4. Examine the list of Key Tasks and Activities required in your current project job which are listed in the LP-1 CE Job Description Form. Which, if any, do you need training in?

Key tasks/activities	Training Needed	
	Yes	No

5. Skills and abilities you would like to develop

(a) Related to work / employment
(b) Personal and social

Signed by Participant: _____ Date: _____ ; Signed by Supervisor: _____ Date: _____

Section B

The questions below are to be used as prompts in a guided conversation. Be aware of the potential sensitivities of this subject matter.

6. Your reading and writing skills

Level	Comment
Do you feel comfortable with most reading and writing tasks?	
Do you like to have some help with reading and writing tasks?	
Do you like to have a lot of help with reading and writing tasks?	

7. Would you be interested in/benefit from literacy development? Yes No

8. What, at this point in your CE placement, do you hope to have achieved at the end of your current year on CE?

(Your ideas may develop during your time on CE).

a) General learning goals (including personal and social goals):
b) Work-related learning goals:

Signed by Participant: _____ Date: _____; Signed by Supervisor: _____ Date: _____

Section C: Summary of planned activities, reviews and briefings/meetings (as agreed or arising from the discussions).

Record of briefings to include Induction Briefing, Career Planning, and Exit Planning.

	Date of Briefing/ Discussion	Details	Target and Goals if applicable	Participant to Initial
1				
2				
3				
4				
5				
6				
7				
8				
9				

Signed by Participant: _____ Date: _____; Signed by Supervisor: _____ Date: _____

Section D: Training Activities and Training Reviews

Record to include:

- For training activities under the QQI, industry related or other training: Course Title, Module Code, Level, Awarding Body, Hours and Planned Start Date as applicable.
- For review of training: Certification achieved/not achieved and comments on training delivered.

	Date	Planned - Training details	Participant to Initial	Completed Y/N	Date	Review	Participant to Initial
1.							
2.							
3.							
4.							
5.							

Signed by Participant: _____ Date: _____; Signed by Supervisor: _____ Date: _____

Section E: Work Experience – External/Internal

Record to include:

- For External/Internal Work Experience the following details are required: Name of Provider, Nature of Business, Hours & Planned Start Date & finish date.
- For the review of External/Internal Work Experience provide a description of the work and what the participant learned.

	Date	Planned - Work Experience details	Participant to Initial	Completed Y/N	Date	Review	Participant to Initial
1.							
2.							
3.							
4.							
5.							

Signed by Participant: _____ Date: _____ Signed by Supervisor: _____ Date: _____

DATA PROTECTION STATEMENT

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Applicant/Participant Signature: _____

Date: _____

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.