



Learning & Development Support Form

Confidential Once Completed

Section A – Referral for Learning & Development Support

To be completed by person making referral

Officer or Manager making referral:

Name of Operations Officer (if different from referring officer/manager):

Date of Referral:

Named LDO (to be completed by L&D):

Below, please provide details about the member of staff being referred

Name:

Base Station:

Pay number:

Grade:

Reason for referral (non-CoSoP) – please tick below:

RTW (absence)

RTW (maternity)

Individual Support

Details of referral (non-COSOP) – *please give as much detail as possible*

Details of referral (COSOP) – *please give as much detail as possible*



Section B – LNA by LDO

To be completed by receiving LDO - PPEd's undertaking new joiner or OU shift do not complete this section.

Name of LDO undertaking LNA:

Action Plan

Specific learning outcomes (will be used as the basis for final assessment)

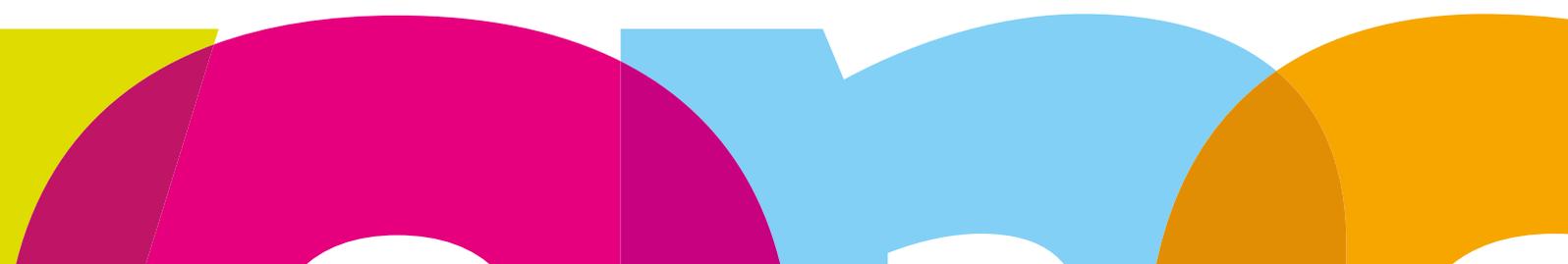
If referring to PPEd, please complete the below section

Name of PPEd referred to:

Anticipated number of shifts:

Timeframe:

Date passed to PPEd:





Section C – Record of PPEd shifts

Only to be completed if PPEd support involved

Name of PPEd:

Number of shifts completed:

Station:

Date of shifts:

Evidence for achievement of learning outcomes:

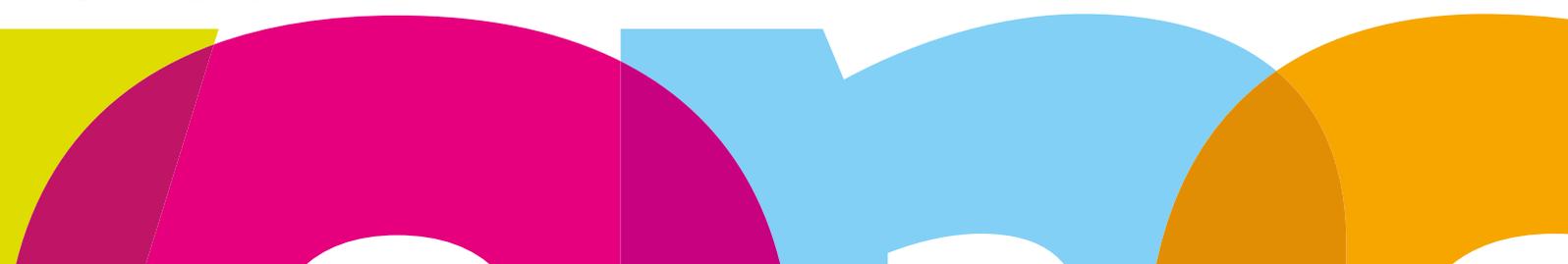
Other comments:

Safe practice demonstrated? Yes No

Recommendations for further support if required

Once completed return to LDO

Date Returned:





Section D – LDO Review

To be completed by LDO post PPEd shift / other support

Have learner outcomes been met?

Any future developments required?

In LDO opinion, is student safe to practice at their employed grade?

Yes

No

LDO Name:

Learning and Development Managers Signature:

Date Completed:

Once completed forward to student, students OO and training administrator.

If further development is required discuss with Learning and Development Manager (LDM).

