|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client name** |  | **Contact number:** |  | **Contact number:** |  |
| **Email address****(Please tick preferred)** |  |  | **DoB** |  |
| **Work Address** |  |
| **Employer** |  | **Position** |  |
| **CRN No. / Art ID** |  | **Funding Source** |  |
| **No Allocated Sessions** |  | **Location: If different to work place** |  |
| **Significant areas for support identified at referral:** | **Areas discussed:** |  | Time Management and Self-organisation |  | Preparing presentation and Presenting skills |
|  | Reading Skills |  | Writing Skills |
|  | Research methods |  | Proof reading strategies |
|  | Group work skills |  | Note taking Skills |
|  | Project planning |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Targets identified** **(SMART)** | **Strategies used,****including technology** | **Future Recommendations****Revised targets** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |