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| **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 | | | |  | |  |

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