|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student name** |  | **Contact number:** |  | **Contact number:** |  |
| **Email address** |  |  | **DoB** |  |
| **Course** |  | **University** |  | **Year of study** |  |
| **No hours Allocated** |  | **Frequency of hours agreed and location Example; 1hr per week at the Library** |  |
| Please sign to say that you understand that:* Your work is your own responsibility and your Mentor cannot advise you about the subject or content of your work;
* You are expected to attend your 1:1 sessions on a regular basis;
* If you miss booked appointments there may be a charge for the sessions;
* I understand that my Study Skills Tutor cannot proofread my university/college work but can provide proofreading strategies.

Student Name Signed (Student) Date:Tutor Name Signed (Mentor) Date: \*To be scanned and emailed to the Front of House Service Advisor, Sharan Riayat sharan@learningsupportcentre.com after initial session every academic year. **All workplans must be signed and dated for audit purposes.**Please save document as: WORKPLAN- STUDENT NAME 16-17 |

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| --- | --- | --- | --- |
| **Semester** | **Targets identified by student and mentor****(SMART)** | **Work Covered/Strategies used,****including technology** | **Future Recommendations/Revised****targets** |
| 1 |  |  |  |
| 2 |  |  |  |
| Re-sits |  |  |  |
| **Significant areas for support identified at referral:**  | **Areas discussed:** |