



Mentor:

Student Name:		Contact Number:	
Email Address:			D.O.B.:
Course:		University:	Year of Study:
Number of Hours Allocated:		Frequency of Hours Agreed & Location: (E.G. 1 Hour Per Week at the Library Support Room)	

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;

Student Name: _____ Signature: _____ Date: _____

Mentor Name: _____ Signature: _____ Date: _____

NOTICE: This Document is to be **SCANNED** and **EMAILED** to **LAURA TRUEMAN** <lauraT@learningsupportcentre.com> after your **FIRST SESSION** and **EVERY 3 MONTHS** thereafter. **ALL** Work Plans **MUST** be **SIGNED** and **DATED** for Audit purposes. You **MUST** complete a **NEW** Work Plan at the **BEGINNING** of **EVERY ACADEMIC YEAR**.

Please Name the Scanned Document as: Mentoring Work Plan - <Student Name> - <dd/mm/yyyy>

(Example: Mentoring Work Plan – John Smith – 22/10/2019)

Please Ensure that Both Sides/Pages of the Work Plan are Included in All Scanned Copies Sent in.



Mentor:
Student:

Semester / Term	Targets Identified by Student & Mentor (SMART)	Work Covered / Strategies Used, Including Technology	Future Recommendations / Revised Targets	Date & Student Signature
Autumn / Term 1				
Spring / Term 2				
Summer / Term 3 or Re-sits				
Significant Areas for Support Identified at Referral:		Areas Discussed:		