

CARER SUPPORT PLAN



CONFIDENTIAL

PERSONAL DETAILS:-

Full Name:	
Student ID No.:	Date of Birth:
Address & Postcode:	
E-mail Address:	
Telephone No./Mobile:	

Programme of Study:	
Course Tutor:	Academic Year:
External Agency Contact: (if applicable)	
ELS Support Contact: (if applicable)	

SUPPORT INFORMATION:-

Who does the learner care for? i.e. family member/friend:
Short description of how the learner's carer role impacts their studies and/or attendance:
Discuss flexible attendance and any support for learning needs

SUPPORT INFORMATION:-

Referred to Learning Development? Y/N	Referred to Named Staff Contact? Y/N	
Arrangements requested to support learner in their studies:		
Meet learner during academic year to provide ongoing guidance and discuss how they are progressing with their studies	Meeting 1 - October	Date:
	Meeting 2 - December	Date:
	Meeting 3 - February	Date:
	Meeting 4 - April	Date:
Help learner to access additional support services when required	Comment:	Date:

ADDITIONAL INFORMATION:-

Social, Emotional, Personal and Learning Support needs:

CONSENT TO SHARING INFORMATION:-

I agree to the information on this support plan being shared with any relevant internal staff member or external agency, where necessary.

(Please note that any records of meetings will be recorded on the contact log attached)

Student name:

Student signature:

Date:

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CONTACT LOG

DATE & TIME	DETAILS OF MEETING