



SB02



Learning+Skills Council

TRAINING ACTION PLAN

SKILLS BROKER - CHEMICALS AND BIOSCIENCE

Company Name		Contact Name	
Company Address			
Provider Company		Provider Contact	

(Please list all programmes for each learner – use an additional sheet if required)

Name of Learner (Employee)	Name of Programme to be Undertaken (Attach copies of programme outline or Terms of Reference for bespoke programmes)	Programme Start Date	Programme End Date	Qualification to be Achieved	Accredited Yes/No	More than 30 hours Yes/No	Total Cost of Programme £	Grant Subsidy £	Company Net Financial Contribution £
					Y/N	Y/N			
					Y/N	Y/N			
					Y/N	Y/N			
					Y/N	Y/N			
					Y/N	Y/N			
					Y/N	Y/N			
					Y/N	Y/N			
TOTALS							£	£	£

Signed for Company		Signed for Provider	
Date		Date	