**Supported Lodgings Carer**

**Personal Development Plan (PDP)**

|  |  |
| --- | --- |
| Names of SL Provider/s: |  |
| Name of Social Worker: |  |
| Date of Approval: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date completed/booked** | **Date 3 year refresher completed:** | **Date 6 year refresher completed:** |
| **First Aid** |  |  |  |
| **Safeguarding vulnerable adults** |  |  |  |
| **Safeguarding Children** |  |  |  |
| **Safer Caring** |  |  |  |
| **Drug and Alcohol** |  |  |  |
| **Mental health** |  |  |  |
| **Diversity** |  |  |  |
| **Transitions** |  |  |  |
| **Attachment** |  |  |  |
| **Child Sexual Exploitation** |  |  |  |

**Training Attended over last 12 months:**

**If required training not accessed – reasons why?**

**Plan for next year:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** |  | **By when:** |  |
| **2** |  | **By when:** |  |
| **3** |  | **By when:** |  |
| **4** |  | **By when:** |  |

**Support needed from supervising social worker?**

**Signed Supported Lodgings Provider/s................................................. date..............**

**Signed Social Worker .............................................................................. date..............**

**Comments from Training officer:**

**Signed Training Officer............................................... date ..............**

