**Family Link / Specialist SEND Carer**

 **Personal Development Plan (PDP)**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date completed/booked** | **Date 3 year refresher completed:** | **Date 6 year refresher completed:** |
| **TSD Standards Workbook** |  |  |  |
| **First Aid** |  |  |  |
| **Safeguarding/Child Protection** |  |  |  |
| **Disability Specific Safer Caring** |  |  |  |
| **Diversity** |  |  |  |
| **Child Sexual Exploitation** |  |  |  |
| **Placement Specific Training per child** |  |  |  |

**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 Foster Carer/s................................................. date..............**

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

**Comments from Training officer:**

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

