

Part 1 Contact Details

Young Person Information	First Name:	Surname
	Date of Birth:	National Insurance Number:
	Programme Leaving	Dates enrolled on programme leaving:
Sending Organisation Primary Contact Information	Name of Primary Contact:	Relationship to Young Person:
	Primary Contact Number:	Email Address
Other Key Contact 1 information*	Name of Key Contact:	Relationship to Young Person:
	Primary Contact Number:	Email Address:
Other Key Contact 2 information*	Name of Key Contact:	Relationship to Young Person:

* If young person is under the age of 18 at the time of handover parent/guardian details must be included.

Part 2 Course Details

Name of course enrolled on:	Date of Registration:
Level of Course Qualification:	Duration of course:
Start Date of Course:	Course End Date:
Location of course (address and department if applicable)	Summary of course schedule commitments – (Days/week and hours/day)

Part 3 Transitions Action Plan

Aligned to 4 Zone final assessment and transitions questionnaire outcomes.

Particular focus to be given to addressing concerns/worries about transitioning to vocational education/training. See Appendix for sample questions for each zone but will assist mentors and mentees to assess scale of readiness / transition

Life Zone

Summary

Strengths: . . .	Areas for Development: . . .
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Current Scale (Readiness)	Needs work	1	2	3	4	5	6	7	8	9	10	Prepared.
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Resources available to me

Assistance type	Eligibility (to qualify)	Who to contact/how to apply

My Plan

Short term goals	Steps Required	Progress

Transition Scale (Readiness)	Needs work	1	2	3	4	5	6	7	8	9	10	Prepared.
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Leisure Zone

Summary

Strengths:	Areas for Development:
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Current Scale (Readiness) Needs work 1 2 3 4 5 6 7 8 9 10 Prepared.

Resources available to me

Assistance type **Eligibility (to qualify)** **Who to contact/how to apply.**

My Plan

Short term goals **Steps Required** **Progress**

Transition Scale (Readiness) Needs work 1 2 3 4 5 6 7 8 9 10 Prepared.

Learning Zone

Summary

Strengths:	Areas for Development:
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Current Scale (Readiness) Needs work	1	2	3	4	5	6	7	8	9	10	Prepared.
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Resources available to me

Assistance type	Eligibility (to qualify)	Who to contact/how to apply

My Plan

Short term goals	Steps Required	Progress

Transition Scale (Readiness) Needs work	1	2	3	4	5	6	7	8	9	10	Prepared.
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Work Zone

Summary

Strengths:	Areas for Development:
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Current Scale (Readiness) Needs	work	1	2	3	4	5	6	7	8	9	10	Prepared
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Resources available to me

Assistance type	Eligibility (to qualify)	Who to contact/how to apply

My Plan

Short term goals	Steps Required	Progress

Transition Scale (Readiness) Needs	work	1	2	3	4	5	6	7	8	9	10	Prepared
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Part 4 Moving forward

Contact Plan Young person and Sending Organisation key contact	Preferred Method(s) of contact:	Frequency of contact:	Date of first contact:
Contact Plan Young person and Sending Organisation key contact	Preferred Method(s) of contact:	Frequency of contact:	Date of first contact:

Review Meetings Young Person, Sending Organisation contact & Review Organisation contact (up to 26 weeks post transition)	Schedule for review meetings	Location of meeting	Date of first meeting:
	Agreed arrangements where additional issues emerge:		

Sending Organisation Final sign off	Agreed Date for withdrawal	How this will be done:	Where this will be done:
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Agreement

We, Young person, sending organisation key contact, receiving organisation key contact, have been fully involved in the preparation of this transitions plan and, by signing this document, agree to contents and timeframe stated.

Young Person

Name _____ Signature _____ Date _____

Sending Organisation key contact

Name _____ Signature _____ Date _____

Receiving Organisation key contact

Name _____ Signature _____ Date _____