

CONFIDENTIAL

DOB

WCCIS ID

INDIVIDUAL PLAN

STAFF INVOLVED

Name	Designation	Contact Details

The Individual Plan needs to be agreed with you and signed by you and your key worker. Once the Individual Plan is agreed you will have a copy to keep and, with your consent, we will give a copy your Care Co-ordinator.

OUTCOMES TO BE ACHIEVED:

- 1.
- 2.
- 3.
- 4.
- 5.

WCCIS ID:

1. Outcome to be achieved:

How do you want to achieve this outcome?

Agreed Stages

Progress towards Outcome/Date

Agreed Stages	Progress towards Outcome/Date

WCCIS ID:

2. Outcome to be achieved:

How do you want to achieve this outcome?

Agreed Stages

Progress towards Outcome/Date

Agreed Stages	Progress towards Outcome/Date

WCCIS ID:

3 . Outcome to be achieved:

How do you want to achieve this outcome?

Agreed Stages

Progress towards Outcome/Date

Agreed Stages	Progress towards Outcome/Date

WCCIS ID:

4. Outcome to be achieved:

How do you want to achieve this outcome?

Agreed Stages

Progress towards Outcome/Date

Agreed Stages	Progress towards Outcome/Date

WCCIS ID:

5 . Outcome to be achieved:

How do you want to achieve this outcome?

Agreed Stages

Progress towards Outcome/Date

Agreed Stages	Progress towards Outcome/Date

Individual Plan Agreement

I agree with this Individual Plan and give consent for it to be shared with other people involved in my care.

I understand that

- I can ask for a review of this Individual Plan at any time
- This information will be stored on a computer /manual file and subject to General Data Protection Regulations (GDPR)
- I have received information about confidentiality and sharing of information.
- I have the right to withdraw my consent to share this information at any time.

Signature of I.L.S.S :

Date:

Signature of Individual:

Signature of Carer:

Signature of I.L.S. Staff:

Service Start Date:

Date completed:

*** Date of 1st Individual Plan Update:**

Copy passed to business support.

Copy to Individual:

Copy to Carer:

* NB. The Service start date must be added to form.

The 1st Individual Plan Update must be completed six weeks after start of the service.