

Activity provision self-assessment:

PlanningDate:



Yes	Sometimes	No	Yes: please provide evidence No or sometimes : what further action are you going to take?	Who is responsible?	Achieve by	Date completed	Evidence of actions taken	Link to KLOEs
'R VWDÃ FRPPXQLFDWH HÃHFWLYHO\ ZLWK SHRSOH WR HQVXUH WKH\ DUH LQFOXGHG LQ DFW WKLV UHFRUGHG"								

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			' R DOO LQGLYLGXDOV SDUWLF LSDWH LQ PHDQLQJ XQWV FWOYGLWKHP RQ WKHL BDFKRU RH WKHLU JKGHUKHDOWK VH[XDO RULHQWDLRQ GLVDELOLWLHV DQG DJH UHODWHG QHHGV"					C1.3 W1.8 W2.5