

V1.5

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UK GovernmentCouncil of the
ISLES OF SCILLY

The CIOS People Hub project is funded by the UK Government through the UK Shared Prosperity Fund. Cornwall Council has been chosen by Government as a Lead Authority for the fund and is responsible for monitoring the progress of projects funded through the UK Shared Prosperity Fund in Cornwall and the Isles of Scilly.

Cornwall and Isles of Scilly People Hub

Initial Action Plan

Part A				
Basic Details				
Surname			Provider Name	
First Name(s)			Delivery Staff Name	
Programme Number	Enter number or;		Date	
	Number not assigned yet	<input type="checkbox"/>	Plan Number	

Context and Updates

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ISLES OF SCILLY**Getting to Know You**From 1 -10 how do you feel about the following? Please indicate the most appropriate score in **one box for each row**.

1 = No Confidence; 10 = Extremely Confident

	1	2	3	4	5	6	7	8	9	10
Employability skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal confidence/self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving your goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health & wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of available support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek support if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated to make change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PART B

Action Tracker

SMART Goals			Interventions	Referral		Action Plan Update	Completion
Action	Target Date	Action Owner Initials	E-number which the action is contributing towards	Does action involve a referral or bringing in a third party?	If applicable, who is the referral being made to?	Progress/Update	Date Completed

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PART C

Participant Expenses

Reason for Expenditure	Amount	Payee	Receipt/ invoice uploaded to CRM?

PART D

E-Number Achievement Tracker

Intervention being claimed	Activity undertaken to show achievement	Achievement date (DD/MM/YYYY)

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- By signing your name below, you are confirming that the information provided on this form is true and accurate and that any expenditure included in Section 4 will only be used for SPF related activity.
- By signing you are confirming that all stated activities have taken place and the described support has been provided.
- If currently employed, you are confirming that any funded support provided by the People Hub project will not provide an economic advantage to your employer's business. You also confirm that any funded training is not a requirement to perform your job or carry out existing tasks. If you have any queries regarding this, please speak to Delivery Staff.

Participant Name**Participant Signature &
Date****Delivery Staff Agreement**

- I confirm that the intervention/s have been achieved as set out in section 4 and that evidence in support of achievements will be presented to Cornwall Council in line with the Good Growth Evidence Bank in the event of a request for audit and monitoring purposes.
<https://ciosgoodgrowth.com/our-good-growth-application-support/>
- I confirm that any evidence provided will be a true copy of the original.

Delivery Staff Name**Delivery Staff Signature &
Date**