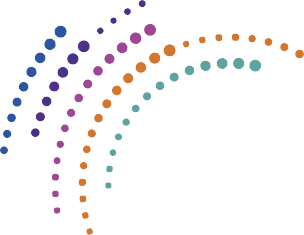
NASUWT



VALUED WORKER SCHEME

The Teachers’ Union

Model Action Plan Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School/ Employer |  | | | | |
| Objective |  | | | | |
| VWS Principle Number |  | | | | |
| Success Criteria | 1 |  | | | |
|  | 2 |  | | | |
|  | 3 |  | | | |
|  | 4 |  | | | |
|  | 5 | (continue if required) | | | |
| To be completed by |  | | | | |
| Review date(s)  *(if applicable)* |  |  |  |  |  |
| Signed on behalf of  School/Employer |  | | Date |  | |
| Signed on behalf of NASUWT |  | | Date |  | |
| Signed on behalf of |  | | Date |  | |
| Signed on behalf of |  | | Date |  | |
| Signed on behalf of |  | | Date |  | |
| Signed on behalf of |  | | Date |  | |