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 ofSchool/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 |  |