

Steps to Success

Your plan for getting and keeping a job

Name:

Start date:

Avanta contact no:

Anticipated job start date:

	Job goals				
M/V	AGREED ACTION/ACTIVITY (Mandatory or Voluntary)	COMMENTS, EXPECTED IMPACT AND ANY EVIDENCE REQUIRED	PLANNED DATE	ACTION DATE	SUPPORT TO HELP MAKE IT HAPPEN

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Please note if you do not undertake the mandatory activities agreed above, your benefit could be affected.

Customer signature:

Date:

Avanta signature:

Date: