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| **Scheme of Work – Insert Programme / Course Title** | |
| **Learning Level:** EQF Level #  **Number of Sessions:**  **Guided Learning Hours (GLH):** Total ## hours  **Weekly Duration:** # hours | **Programme / Course Overview:** |
| **Course Objective:** | |
| **Previous Knowledge and/or Skills Required:** | **Resources:** |
| **Safety Considerations:** |

| **Session**  **No.** | **Topic** | **Content** | **Learning Outcomes** | **Resources** | **Measure of Success** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |