

**NORTH CAROLINA STATE REFUGEE OFFICE  
 VOCATIONAL SKILLS TRAINING AND SKILLS RECERTIFICATION AGREEMENT  
 PLAN OF ACTION REQUIREMENTS (DSS-6229)**

North Carolina's Refugee Support Services are based on the philosophy of self-sufficiency and personal responsibility. This document outlines the steps required for participation in vocational skills training and skills recertification.

Client's Name: \_\_\_\_\_ Alien Number: \_\_\_\_\_

Vocational Skills Goal: \_\_\_\_\_  
 \_\_\_\_\_

Skills Recertification Goal: \_\_\_\_\_  
 \_\_\_\_\_

Other Goals: \_\_\_\_\_  
 \_\_\_\_\_

Plan of Action: (Describe Client and/or Agency responsibility)

C/A	ACTIVITY / SERVICE	EXPECTATIONS	TARGET DATE	DATE COMPLETED

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Our signatures indicate that we have jointly developed this Plan of Action and agree to the responsibilities and conditions outlined.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Interpreter

\_\_\_\_\_  
 Date

**Instructions for Completing the  
NC Vocational Skills Training and Skills Recertification Agreement  
Plan of Action Requirements**

Purpose: The purpose of the **Vocational Skills Training (VST) and Skills Recertification (SR) Agreement** is to provide a tool by which Refugee Assistance Program staff and client, together, develop action steps that lead to completion of the **Vocational Skills Training and Skills Recertification Plan** and achievement of vocational skills training and/or skills recertification goals. The form is to be completed by the refugee service provider's staff member(s) responsible for the coordination of employment and English language services. The Vocational Skills Training and Skills Recertification Agreement is to be included in the client file **along with the NC Vocational Skills Training and Skills Recertification Plan**. The Agreement MUST be created for each client receiving skills training and skills recertification.

Client's Name: Print the name of the individual client for whom the Skills Training (VST) and Skills Recertification (SR) Agreement-Plan of Action is being created.

Alien Number: Enter the Alien Number of the client.

Vocational Skills Goal: Briefly state client's aspirations for training in a skill that will lead to employment in a specific vocation or occupation.

Skills Recertification Goal: Briefly state client's aspirations for becoming recertified in his/her profession previously served in country of origin or outside of the US.

Other Goals: Enter any other goals client chooses to pursue requiring training and/or recertification that places him/her on pathway to productive employment.

Plan of Action: Complete chart below outlining specifics steps required of client and agency to achieve objectives of the vocational skills training or skills recertification goal.

C/A: Enter "C" if activity/service is the client's responsibility.  
Enter "A" if the activity is the agency's responsibility.

Activity/Service: Enter the specific activity or service to be performed.

Expectations: Enter the desired outcome of the activity or service performed.

Target Date: Enter the date the activity or service is to be completed.

Date Completed: Enter the date activity or service is actually completed.

Comments: Enter comments regarding the process and any edits or revisions required.

Client Signature: Ensure the client signs the Vocational Skills Training /Skills Recertification Agreement after it has been explained and interpreted, as needed.

Date: Enter the date when the client signs the Vocational Skills Training /Skills Recertification Agreement.

Staff Signature: Ensure the staff who completes the Vocational Skills Training /Skills Recertification Agreement signs the Agreement.

Date: Enter the date when the staff signs the Vocational Skills Training /Skills Recertification Agreement.

Interpreter: Ensure the Interpreter signs the Plan after it has been explained and interpreted (if applicable). If no interpreter was necessary, please write N/A.

Date: Enter the date when the Interpreter signs the Vocational Skills Training /Skills Recertification Agreement.

**Note:** Provider staff completing the Vocational Skills Training and Skills Recertification Agreement-Plan of Action Requirements should ensure the client receives a signed copy of the form upon completion.