| Professional Development Plan Template | | | | | | | | | | | | | | |
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| **Section 1 – Trainer Personal Details** | | | | | | | | | | | | | | |
| **Surname:** | |  | | | | | | | | **Date:** | | / / | | |
| **Given Names:** | |  | | | | | | | | | | | | |
| **Section 2 – Discussed with Supervisor / Manager** | | | | | | | | | | | | | | |
| **GOALS:** | | | | | | | | | | | | | | |
| **TIMEFRAME** | **My personal goals are:** | | | | | | **My professional goals are:** | | | | | | | |
| **Next 12 months** |  | | | | | |  | | | | | | | |
|  |  | | | | | |  | | | | | | | |
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| **Next 5 years** |  | | | | | |  | | | | | | | |
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| **STRENGTHS AND WEAKNESSES:** | | | | | | | | | | | | | | |
| **Required knowledge/skills (**Consider) | | | **VET** | | | | | **Non-VET eg personal leadership/development , communication, teamwork, management, IT** | | | | | | |
| * required competencies | | |  | | | | |  | | | | | | |
| * job description | | |  | | | | |  | | | | | | |
| * service plans and frameworks | | |  | | | | |  | | | | | | |
| **Strengths** (Consider): | | |  | | | | |  | | | | | | |
| * your views | | |  | | | | |  | | | | | | |
| * recent tests/appraisals | | |  | | | | |  | | | | | | |
| * other people’s views | | |  | | | | |  | | | | | | |
| **Weaknesses/gaps** (Consider) : | | |  | | | | |  | | | | | | |
| * gaps in knowledge/skills | | |  | | | | |  | | | | | | |
| * changes to systems/services requiring new skills | | |  | | | | |  | | | | | | |
| * what will help you to progress in your role? | | |  | | | | |  | | | | | | |
| **PRIORITIES** | | | | | | | | | | | | | | |
| **Identified gap** | | | | **Objective of development activity** | | | | | | | | | **By when?** | |
|  | | | |  | | | | | | | | |  | |
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|  | | | |  | | | | | | | | |  | |
| **LEARNING ACTIVITIES** | | | | | | | | | | | | | | |
| **Name of activity** | | | | | **Details (provider, location etc)** | **Objectives** | | | | | **Date** | | | **Cost** |
|  | | | | |  |  | | | | |  | | |  |
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| **Section 3 – Declaration and Agreement** | | | | | | | | | | | | | | |
| We have discussed and agree on the above action plan for Professional development. This plan will be reviewed every 12 months, however additional items may be added during the year, under mutual agreement, as they arise.  Completed Professional development activities will be recorded on the **‘Trainer Professional Development Register’.** | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | **Date:** | | / / | | | |
| **Signature:** | |  | | | | | | | | | | | | |
| **Director Name:** | |  | | | | | | | **Date:** | | / / | | | |
| **Director Signature:** | |  | | | | | | | | | | | | |