

## Individual Professional Development Plan

<b>Full Name:</b>		
<b>Date compiled:</b>		
<b>Current Position:</b>		
<b>Supervisor Name:</b>		
<b>Current status:</b>		
Work / Life Balance:		
Current Qualification:		
Professional opportunities for improvement:		
<b>Professional Goals:</b>		
Over the next 12 months are:		
Over the next three years are:		
<b>Professional Objectives:</b>		
<b>Objectives</b>		<b>Key Performance Measure</b>
1	<i>What professional objective you want to achieve.</i>	<i>What would indicate that this has been achieved.</i>
2		
3		
<b>Professional Development Activities:</b>		
<b>Activity</b>	<b>Dates</b>	<b>Cost</b>



1	<i>What program or course have you identified that will improve your professional development.</i>		
2			
3			
4			

This form is to be completed and signed by the individual. This form is to be compiled in consultation with your supervisor and submitted to the Chief Executive Officer.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CEO Signature: \_\_\_\_\_ Date: \_\_\_\_\_