**2019 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN**

 Name of Employee: Division Unit**:**

 Position Title: Date Plan Developed:

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| **Potential Areas to Developed/Explore/Enhance** | **Performance Goal or****Target Competency** | **Method/ Activity to Achieve Goal** | **Resource Needed (Human/Non Human)** | **Timeline** | **Expected Results**  | **Actual** | **Success Indicator** |
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 **CERTIFICATION AND COMMITMENT**

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| --- | --- |
|  This is to certify that my competency assessment and development plan has been discussed with me by my immediate superior. I further commit that I will exert time and effort to ensure that my individual Development Plan is achieved according to agreed time frames. | Name of employee Date: |
|  This is to certify that I have objectively completed the competency assessment of my staff. Furthermore, I commit to support and ensure that this agreed Individual Development Plan of my staff. | **Supervisor Name and Signature** Date: |
|  I commit to support and ensure that this agreed Individual Development Plan is achieved according to agreed time frames. | **Head of Office Name and Signature** Date: |