**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: |