

HWD Career Plan (District)

Name:					
Current position:					
Employer:					
Date:					
aspirations; strengtl	nning your career is evaluating and understanding your ns; interests; drivers and other influences. Please indicate e planning process you have evaluated:				
☐ My key fields of	interest				
Briefly record these here if you wish (optional)					
A discussion regard needs during a perf discussions through Who have you discussions through Who have you discussions and the second of the	institution) ment professional ate)				
5	ssessment you may have identified particular skills or you wish to develop. What are these?				
Development Opp	ortunities:				

Part 2: Explore Possibilities

Research the development possibilities and career pathways that are open and attractive to you. Consider your self assessment outcomes and future health workforce needs.

Pathway Option 1:				
Prerequisites and requirements to achieve this option:				
Pathway Option 2:				
Prerequisites and requirements to achieve this option:				
Pathway Option 3:				
Prerequisites and requirements to achieve this option:				
Part 3: Making Choices				
Consider the suitability of each option and decide (with the assistance of the person you report to) which one is the best match to your aspirations and workforce needs. Before making the decision, consider also:				
 What are the perceived barriers/obstacles and how can they be overcome Outside of work commitments The level of involvement required Which of my options responds best to my employer and workforce needs? 				

you can.				
Goal 1				
Required to achieve goal 1:				
Goal 2				
Required to achieve goal 2:				
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Goal 3				
Soul o				
Required to achieve goal 3:				

Based on the choices you have made, and the development opportunities you have identified now write your goal(s). Aim to make each goal as specific as

Part 4: Make it Happen

In order to achieve your goals you need to have an agreed course of action. You and your manager need to have a clear understanding of what steps you will be taking, the commitment needed by both you and your manager and relevant timeframes.

You are now ready to detail who has to do what to make things happen.

Agreed course of action/action plan

Start date	Completion date	Skill experience, knowledge to be gained	How will this be gained? (e.g. on the job experience, formal/informal seminars/courses, coaching/mentoring etc.)	Provider (e.g. workplace educator, university, coach/mentor etc.)

Assessing the effectiveness of the action plan

Specify how to assess the extent to which the agreed course of action has achieved the stated goals

Portability

This career plan belongs to the employee/trainee. It provides the basis for ongoing career discussions within current and future employment and professional relationships. Any transfer of information to future employers or others requires the employee/trainee's consent.

cothers requires the employee/trainee's consent. Review dates Progress on the agreed course of action will be reviewed on This career plan will be reviewed on Manager/supervisor sign-off Name: Date: Employee/trainee sign-off Name: Title: Date: