**Application Form**

**Health Workforce Directorate (HWD) Funds for Registered Nurses Postgraduate Education (District)**

**The annual application round for 2022 HWD PGN funding is:**

**Wednesday 1st September-Tuesday 5th October 2021**

Please e-mail: [jo.dobson@southerndhb.govt.nz](mailto:jo.dobson@southerndhb.govt.nz) or [hannah.kerr@southerndhb.govt.nz](mailto:hannah.kerr@southerndhb.govt.nz)   
Or forward completed applications to: Postgraduate Nursing Education Office PDU (Otago), Box 20, Private Bag 1921, Dunedin 9054.

**Applications should be received by 17:00 Tuesday 5th October 2021**

Late applications may not be considered in the initial funding allocation. All late applications will have the opportunity to opt onto the waitlist and applicants will be notified if / when funding becomes available.

**All sections must be complete and attach required documentation – incomplete forms will be returned for completion and need to be returned by the closing date.**

Applicant last name:

Applicant first name/s:

Is this the name that appears on your APC? Yes □ No □

If ‘No’ provide name/s as per APC:

Also known as:

NCNZ Annual Practicing Certificate number (APC) ..

**Please attach a copy of your practicing certificate to this application.**

Year of graduation to RN

**1. Terms and Conditions of Funding**

1. The information collected is used to ascertain your eligibility for HWD Nursing Training Funds, and reporting requirements to HWD, as per the Ministry of Health Head Agreement. Your information will not be used for any other purposes and will be kept private and secure.
2. The coordinator or administrator for HWD funding may be required to contact your tertiary provider and line manager or Director of Nursing re your application and/or study/career plans.
3. Submission of this application implies your consent to use your information for the purposes stated above (1) + (2)
4. You agree to adhere to the requirements of reporting and notification should you be successful in securing funding.
5. You understand that the funding is granted on the basis that the information you provide is true and accurate.
6. Funding does not transfer to a new employment setting/role unless this change has been authorised by the funding co-ordinator and supported by new line manager. Funding is also not transferrable for each semester without approval. Funding is not transferrable each year.
7. The funding co-ordinator’s decision is final.
8. If funded, you agree to notify the Postgraduate Nursing Education Coordinator or Administrator of any changes that may impact on your funding including:
   * Changes to your name and/or contact details
   * Changes to your programme of study
   * Changes to your employment situation / line management/ FTE / Hourly Rate
   * Withdrawal from a Paper/ Qualification
   * Any changes to your eligibility to accept HWD Funding.
9. If you choose to withdraw from your programme of study and therefore from HWD funding at any time after enrolment has been accepted, **you must also formally withdraw with your training provider.**   
   Failure to do so may result in you being liable for payment of fees and related costs.
10. A copy of your transcript must be sent to the postgraduate nursing education coordinator or administrator on completion of each funded paper.

**I have read and agree to the Terms and Conditions.**

**Print name:**

**Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**Signature:**

**2. Personal Details - Email will be main form of contact – please print clearly.**

**Home postal address:** Street number & name

Suburb City/Town Postal Code

**Phone contact details:** Home Mobile

Work Work extn

**Preferred e-mail:**  ..   
  
**Work e-mail** .

Are you a New Zealand citizen or do you hold a New Zealand residency permit as conferred by the New Zealand Immigration Service? Yes □ No □

**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ **Gender:** Male □ Female □

**Ethnicity:**

□ New Zealand Māori Iwi/Hapu (if applicable)

□ New Zealand European/Pakeha   
□ Cook Island Maori  
□ Fijian  
□ Niuean  
□ Samoan  
□ Tokelau  
□ Tongan  
□Other Pacific Island groups  
□ Pacific Islander nfd.

□ Asian nfd.  
□ Southeast Asian  
□ Chinese  
□ Indian  
□ Other Asian  
□ Latin American/Hispanic  
□ African / cultural group of African origin

□Other European   
□ European nfd.

□ Other ethnicity  
  
 ……………………………………

\*nfd = not further defined

If you have identified yourself as Māori or Pacific Islander would you like further information on cultural mentorship/supervision? Yes □ No □

**3. Employment Details**

Current/supporting employer/s ………………………………

Position/role

Work area/ward

Directorate (if applicable)

Hourly pay rate $........................... (**Required to calculate release funding)**

FTE………… Permanent 🞎 Fixed Term 🞎 End of Fixed Term Contract Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_

**\*Please ensure all fields are completed or application will be returned\***

**Employer’s details (applicant to complete):**

Line manager (first & last name)

Line manager’s title

Line manager’s e-mail

Line manager no. ………………………………… Line manager extn

Director of Nursing- Name (if applicable)

**Place of employment:** Dunedin Hospital 🞎 Southland Hospital 🞎 Wakari Hospital 🞎

Other 🞎 ……………………………………………………………………………………………………………

Business name (not required for DHB):

Street number & name

Suburb City/Town Postal Code PO Box

**4. Area of Practice**

□ Aged Care

□ **Critical Care & Emergency**

□ Acute/intensive care

□ Emergency/Trauma

□ Neonatal Intensive Care

□ **Developmental Disability**

□ **Disability & Rehabilitation**

□ **Child & Family Health**

□ **Community Health**

□ Health education & promotion

□ Māori Health

□ Palliative care

□ **Occupational Health**

□ **Medical Practice**

□ Primary Health Care –General

□ Long Term Conditions

□ **Medical**

□ General Medical

□ Cardiology

□ Endocrinology

□ Gastroenterology

□ Haematology

□ Infectious Diseases

□ Internal Medicine

□ Neuroscience

□ Nephrology / renal

□ Oncology

□ Ophthalmology

□ Radiology

□ Respiratory

□ **Surgical**

□ Perioperative

□ Cardiothoracic

□ General Surgery

□ Urology

□ Orthopaedic

□ **Mental Health**

□ Child & adolescence mental health

□ Drug & Alcohol

□ Psychiatric Rehabilitation

□ Psychogeriatric Care

□ Community Mental Health

□ **Paediatrics**

□ **Infection Prevention & Control**

□  **Remote or Rural Areas**

□  **NEC (not elsewhere classified)**

**…………………………………….**

**5. Postgraduate Study History**

**Have you previously received HWD Funding for Postgraduate Study? (Please circle)**

YES / NO

If yes, please state which year/s ……………………………………….

**Have you previously been declined or withdrawn from HWD Funding? (Please circle)**  
YES / NO  
If Yes please state which year/s ……………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed Qualifications: Indicate qualification name not individual PG papers.** | | **Year** | **Tertiary Provider** | |
| **Qualification** | **Name of qualification** |  |  | |
| **PG Certificate/s** |  |  |  | |
|  |  |  | |
| **PG Diploma/s** |  |  |  | |
|  |  |  | |
| **Masters** |  |  |  | |
|  |  |  | |
| **Current Qualification: List PG nursing papers complete & incomplete towards the qualification that you are currently enrolled in.** | | | | **Year Completed** |
|  | | | |  |
|  | | | |  |
|  | | | |  |
|  | | | |  |
|  | | | |  |

**6. Proposed Qualification**

1. **The qualification you are enrolled or enrolling in:**

PG Certificate PG Diploma Masters (attach abstract for dissertation or thesis)

|  |  |  |
| --- | --- | --- |
| (60 pts) | (120 pts) | (240 pts) |

**Papers must be at Level 8 and be able to be credited towards a Nursing Council New Zealand (NCNZ) approved nursing programme.**

1. **Tertiary provider where you are enrolled for your qualification:**

\*It is important to indicate with a 🗸 against the delivery site for each semester for travel funding allocation. If your study is being delivered in multiple locations please indicate Sm1 or Sm2 alongside each delivery site.

🞎 University of Otago Centre for Postgraduate Nursing Studies 🞎 University of Otago

🞎 Southern Institute of Technology (SIT) 🞎 Eastern Institute of Technology (EIT) 🞎 Massey University 🞎 Auckland University of Technology (AUT) 🞎 The University of Auckland

🞎 Victoria University of Wellington

🞎 Other (please specify location)

**Location of Study:** ………………………………………………………………………………………………..

Online 🞎 Blended delivery 🞎

**10. Proposed Course of Study for 2022**

**It is the applicant’s responsibility to complete the enrolment process with the tertiary provider**

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester 1 / 2022** | | | |
| **Course number** | **Course dates** | **Course name (as it appears on information sheet)** | **Points** |
|  |  |  |  |
|  |  |  |  |
| **Semester 2 / 2022** | | | |
| **Paper number** | **Course dates** | **Course name (as it appears on information sheet)** | **Points** |
|  |  |  |  |
|  |  |  |  |
| **Full Year 2022**  **\*Full Year indicates a paper that runs over both semesters – not two separate papers** | | | |
| **Paper number** | **Course dates** | **Course name (as it appears on information sheet)** | **Points** |
|  |  |  |  |
|  |  |  |  |

**Your expected timeframe for completion of the qualification enrolled in. (ie PG Certificate, PG Diploma or Masters)**

Semester: \_\_\_\_\_\_ Year: \_\_\_\_\_\_

**7. Travel Subsidy – Limited funding is available**

To be eligible to apply for a travel funding subsidy, travel from your place of work to the training provider must be

> 100km one way.

**Indicate with a 🗸 to be considered for travel funding for:**

Semester 1 🞎 Semester 2 🞎

Comments:

**8. Professional Development Plan**

**Professional Development & Recognition Programme (PDRP)  
  
PDRP Provider:** □ Regional Programme □ Other □ Not applicable

**Indicate 🗸 your current PDRP level:** □ Level 2 □ Level 3 □ Level 4 □ Not currently on PDRP

**Performance Appraisal (PA)** Date of **current** performance appraisal (PA) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

(Within last 18 months)

**9. Sources of Funding**

Have you applied for or received any other funding or scholarship toward 2022 study? Yes □ No □

**Amount received/applied for: $ \_\_\_\_\_\_\_\_\_**

**Please provide details:** …………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

**11. Career Plan/Future Pathways**

**HWD require all funded trainees to have a current career plan.** HWD Career Plan Template is attached to application

Provide a brief explanation of your career plan e.g. professional development plan:

**Indicate if you are completing RN Prescribing Papers:** 🞎 PG Diploma 🞎 Masters

**12. Any further comments or information that may be relevant for your HWD Funding Application**

………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………......

…………………………………………………………………………………………………………………………………..

**13. Employer Support – Line Manager Agreement**

**🗆** I have reviewed and discussed this application with (applicant’s name)

**🗆** The qualification is relevant to service goals/direction for the workforce/organisation.

**🗆** I have considered the implications of clinical coverage.

**🗆** I will negotiate a trainee release plan with the applicant to facilitate attendance for the compulsory requirements of this course, including days not covered by HWD funding.

**🗆** I have seen and discussed the career plan of the applicant.

In signing this form I fully support and endorse this application for funding.

\* Note: If the applicant works in two areas **both** line managers must support this application.

Line manager’s name:…………………………………………Signature:

Comments to support application:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

**14. Nurse Practitioner, RN Prescribing and Expanded Practice Pathways**

**For DHB RN’s:** Director of Nursing (DoN) approval/support (as relevant) is required if you are completing papers/qualification that leads to Nurse Practitioner, RN Prescribing or expanded practice for Registered Nurses. Prior to submitting your application for HWD funding, applicants must arrange to meet with their DoN to discuss their application, study pathway and career plans.

Director of Nursing - Name:   
Director of Nursing - Signature

Comments to support application: ……………………………………………………………………………………………..

………………………………………………………………………………………………………………………………......

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………..

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**15. Checklist – Before submitting application please ensure the follow are completed and attached.**

* **Completed** application form
* Copy of Annual Practising Certificate
* A copy of the paper/qualification or course outline
* Line manager’s endorsement
* Director of Nursing approval/support as relevant
* Copy of Career Plan and/or abstract as relevant
* Agreed to Terms and Conditions

**Please note**: to ensure all applications are given an equal opportunity to secure HWD funding to support postgraduate nursing education, **all** the information asked for must be supplied. This is a requirement of Health Workforce Directorate (HWD), Ministry of Health and will only be released to HWD for reporting and auditing purposes and to meet the requirements of the Privacy Act 1993.

**For further assistance contact:**

Postgraduate Nursing Education District Office at the Practice Development Unit (PDU) Otago:

**Jo Dobson**

Postgraduate Nursing Education Coordinator

[jo.dobson@southerndhb.govt.nz](mailto:jo.dobson@southerndhb.govt.nz)

DDI: (03) 470 9675 or internal extn 59675

**Hannah Kerr**

Postgraduate Nursing Education Administrator

[hannah.kerr@southerndhb.govt.nz](mailto:hannah.kerr@southerndhb.govt.nz)

DDI: (03) 470 9673 or internal extn 59673

**Postal Address**

c/o - Practice Development Unit (Otago)

PG Nursing Education Office

First Floor Fraser Building, Cumberland Street, Dunedin

Box 20, Dunedin Hospital

Private Bag 1921, Dunedin 9054

# new logo

# HWD Career Plan (District)

# 

|  |  |
| --- | --- |
| Name: |  |
| Current position: |  |
| Employer: |  |
| Date: |  |

**Part 1: Knowing Yourself**

The first step in planning your career is evaluating and understanding your aspirations; strengths; interests; drivers and other influences. Please indicate which aspects of the planning process you have evaluated:

* My key strengths
* My technical skills
* My work values
* My key fields of interest

Briefly record these here if you wish (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For an objective assessment, seek guidance from others as well.

A discussion regarding your career aspirations, strengths and development needs during a performance review is regarded as a minimum. Informal discussions throughout the year with various people are encouraged.

Who have you discussed your career with?

* Manager
* Professional leader
* Professional/clinical supervisor
* Educator
* Tutor (at tertiary institution)
* Mentor
* Career development professional
* Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through your self-assessment you may have identified particular skills or areas of knowledge you wish to develop. What are these?

**Development Opportunities:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 you can.

**Goal 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required to achieve goal 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goal 2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required to achieve goal 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goal 3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required to achieve goal 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**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: ................................................................................................

Title: ...................................................................................................

Date: ..................................................................................................

**Employee/trainee sign-off**

Name: ................................................................................................

Title: ...................................................................................................

Date: ..................................................................................................