|  |  |
| --- | --- |
| Employee / Contractor Name: |  |
| Date Created |  |
| Date to be Reviewed: |  |

THIS DOCUMENT SHOULD BE COMPLETED ELECTRONICALLY USING MS WORD. ONCE COMPLETED, PLEASE PRINT AND SIGN THIS DOCUMENT AND RETURN TO:

Chief Executive Officer

PO BOX 322, Riddells Creek, VIC 3431 OR// email this completed document (signed) to:

Email: alex@its.edu.au

**Continuing Professional Development Plan**

In accordance with our professional development policy and procedure, each member of staff must undertake a minimum number of hours of professional development as part of their employment terms and conditions and in accordance with Intelligent Training Solutions requirements under the Standards for RTOs 2015, Standard 1, Clause 1.16

In accordance with our policy and procedures, each year you are require to complete this document and plan your professional development activities for the upcoming year. If you have not yet had the opportunity to familiarise yourself with the professional development policy and procedures, please visit the Policy Library on the ITS website to download and read the relevant documents.

When planning your professional development activities, please remember that PD can include both formal and informal activities that encompass vocational competencies, currency of industry skills and knowledge and practice of vocational training, learning and assessment, including competency-based training and assessment.

Intelligent Training Solutions has a strong commitment to fostering a culture of professional learning and development which contributes to your abilities to undertake your job functions in an effective and satisfying manner and which leads to career and personal progression and enrichment.

**Areas to Consider**

|  |  |
| --- | --- |
| **Teaching / Training*** Aspects of learning
* Theories, design, facilitation
* Evaluation
 | **Assessment*** Assessment theories
* Products, processes
* Validation of assessment
 |
| **Compliance, Continuous Improvement*** Systems, standards, stakeholder requirements, products and processes
* Attendance at relevant government department compliance or continuous improvement workshops
 | **Industry Collaboration*** Activities to improve overall quality or compliance
* Industry networks & engagement
 |
| **Administration*** Products and processes
* Systems, standards, industry requirements
* Attendance at relevant government department compliance workshops
* Web based system design or implementation
 |  |

**Self-assessment of your current skills, knowledge and attributes**

Use the following tables to self-assess your current skills, knowledge and attributes. The table below has been designed to assist you in identifying areas within your job role whereby you feel you would most benefit from undertaking professional development AND to identify areas within our organisation that you would like to progress or work in.

**ANALYSIS OF CURRENT STRENGTHS**

|  |  |
| --- | --- |
| **PERSONAL** | **PROFESSIONAL** |
|  |  |
|  |  |
|  |  |

**ANALYSIS OF CURRENT WEAKNESSES**

|  |  |
| --- | --- |
| **PERSONAL** | **PROFESSIONAL** |
|  |  |
|  |  |
|  |  |

**Learning and Development Goals**

Use the table below to determine the learning and development goals you wish or need to set to yourself. Remember that your learning and development goals must be specific, measurable, achievable, realistic and timely.

|  |
| --- |
| **IMMEDIATE PRIORITIES** |
| **Gap in abilities** | **Plan to overcome gap in abilities** | **Timeframe / Due Date** |
|  |  |  |

|  |
| --- |
| **GOALS** |
| **Timeframe** | **Personal goals** | **Professional Goals** |
|  |  |  |

**Proposed Development Opportunities**

Using the information from the tables above, identify or research development opportunities that will support your personal and professional goals as well as your preferred learning style. This step will also require you to contact your manager or supervisor to arrange a discussion around upcoming learning activities. You may even want to contact an industry association and ask for their 12-month professional development schedule.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity #** | **Course, Program or Opportunity** | **Specific Details** | **Goals of intended training** | **Resources required to complete training** | **Provider** | **Cost** | **Intended Completion date** |
|  |  |  |  |  |  |  |  |

**Potential Obstacles to Professional and Learning Development**

NOTE: This information will not be shared with any member of staff, excluding management without prior permission from yourself.

Please use the table below to list all the potential obstacles you may face when trying to undertake professional and learning development activities. This step will also require you to contact your assessor to arrange a discussion around obstacles to learning. This information will assist our management team in providing you with a supportive working environment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential Obstacle** | **Plan to overcome obstacle OR list any assistance you may need from our management team** | **Review Date** | **Additional Notes** |
|  |  |  |  |

MEMBER OF STAFF SIGNATURE

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

Date Plan was Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_