# SAMPLE ACTION PLAN

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| --- | --- | --- | --- |
| **Name:** |  | **Job Title:** |  |
| **Manager’s Name:** |  | **Job Title:** |  |
| **Department:** |  | **Objectives Period****Dates from & to:** |  |
| **Date of review:** |  | **Planned date of next review (if any):** |  |

*This form records the actions agreed between you and your manager over the period set out above.*

## Areas for Improvement:

|  |
| --- |
| **Area 1** |
| * **What improvement is required?** *(specific target)*
* **How will this be achieved?**
* **What skills and knowledge are required in order to achieve this?** *(consider any training or development needs)*
 |
| **Target date:** |

|  |
| --- |
| **Area 2** |
| * **What improvement is required?** *(specific target)*
* **How will this be achieved?**
* **What skills and knowledge are required in order to achieve this?** *(consider any training or development needs)*
 |
| **Target date:** |

|  |
| --- |
| **Area 3** |
| * **What improvement is required? *(specific target)***
* **How will this be achieved?**
* **What skills and knowledge are required in order to achieve this? *(consider any training or development needs)***
 |
| **Target date:** |

|  |
| --- |
| **Area 4** |
| * **What improvement is required?** *(specific target)*
* **How will this be achieved?**
* **What skills and knowledge are required in order to achieve this?** *(consider any training or development needs)*
 |
| **Target date:** |

### Training / Professional Development Needs

|  |  |
| --- | --- |
| What are the identified training and development needs for achieving the objectives set above?1.2.3.4. | Target Date |

# Actions by the Manager

|  |  |
| --- | --- |
| What actions has the Manager agreed to take?1.2.3.4. | Target Date |

|  |
| --- |
| Actions agreed & further development needs discussed:  |
| Jobholder’s signature | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Date | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| Manager’s signature | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Date | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |