# 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:

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| --- |
| **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:** |

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| --- |
| **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:** |

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| --- |
| **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 | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |