

OFFICE LEARNING AND DEVELOPMENT PLAN

Calendar Year
Name of Office/Section
Name of Unit (if applicable)

Instructions:

- 1) Please accomplish this Plan based on the 3-Year Individual Development Plan and the recent updates made therein;
- 2) Immediate Supervisors are highly encouraged to participate in the finalization of this Plan, which shall be noted by the Chief of Section/Office; and,
- 3) Submit to PETRO for consolidation into the NCMH Annual Learning and Development Plan for the approval of the Medical Center Chief II.

	Target Competencies	Mode of LD Intervention <i>(coaching, short courses, orientation, etc)</i>	Scheme of learning and development activity <i>(enrolment, in-house external resource speaker, in-house internal resource speaker)</i>	Proposed Budget <i>(including honorarium, training fee, meals/ incidental expenses)</i>	Target Date of Implementation <i>(by month/ quarter)</i>
1.					
2.					

Prepared by:

Noted by:

Training Coordinator

Date Signed: _____

Chief of Section/Office

Date Signed: _____