

## Career Plan

|                   |  |
|-------------------|--|
| 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?<br>(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: