

Name:	Position:	Hire Date:	Dept.	Date of Plan:	Page: of:
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**Personal Development Plan** (Option: Enter data in header before printing copies of form.)

The Job Description identifies competence based on the education, training, skills and experience required for this position. There is a Competence Evaluation Form (CEF) for each Activity the employee performs. The Competence Evaluation Form for (the named Activity) is reviewed with the employee to determine the gap between present abilities and the performance requirements defined for each Activity. A competence assessment is scheduled when no gap exists.

The Personal Development Plan identifies the activities (or units of competence within an activity defined on the CEF form) for which a development plan is needed. Dates are defined for when the specific development activities will take place and when an on-the-job assessment(s) will take place. [See page 3 of this document for instructions.](#)

Number of Activities in this Plan	Plan defined by	Title	Employee provided with a copy of this Plan and Competence Evaluation Forms for Activities
			Employee Signature: _____ Date: _____

1	2	3	4	5
CEF No: _____ Name Activity Identified in the Job Description: _____ _____ _____ _____	<b>HR determines with employee:</b> Does the employee have prior: _____ education, _____ training _____ skills or _____ experience _____ _____ required for this activity?	<b>Completed by Human Resources</b> (Yes or No) Activities performed by HR to ensure competence: _____ A Competence Evaluation Form (CEF) is needed for this activity. To be prepared by: _____ _____ Employee meets criteria for education, training, skills and experience required for this activity. If yes, competence assessment scheduled for date: _____ _____ Development activity needed for: <input type="checkbox"/> Complete Activity <input type="checkbox"/> Activity Unit numbers: _____	<b>Development activity required to meet defined CEF requirements:</b> _____ <b>In-house formal training</b> for this activity by: _____ Date Scheduled: _____ Assessment date: _____ _____ <b>On-the-Job Training</b> - Mng./Supervisor: _____ When training provided by another employee, provide that person with the performance requirements for the activity. Assessment date: _____ _____ <b>Outside Training Activity</b> : Provided by: _____ Course Name: _____ Course Content: <input type="checkbox"/> Description in file, or describe: _____ _____ Date(s): _____ Hours: _____ Certificate indicating successful completion of course is in file <input type="checkbox"/> Yes <input type="checkbox"/> No In-house assessment date: _____ _____ <b>Other development activity to meet requirement.</b> Begin date: Define activity: _____ _____ Assessment date: _____	<b>Records of Performance Assessment are maintained by Department Manager (?)</b> Assessor confirms the employee meets the performance criteria for this activity. Signature: _____ _____ Assessor title: _____ _____ Date: _____

Comments related to this plan: \_\_\_\_\_

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<p>CEF No: _____ Name Activity Identified in the Job Description: _____ _____ _____ _____</p>	<p><b>HR determines with employee:</b> Does the employee have prior: _____ education, _____ _____ training _____ _____ skills _____ or _____ experience _____ required for this activity?</p>	<p><b>Completed by Human Resources</b> (Yes or No) Activities performed by HR to ensure competence: _____ A Competence Evaluation Form (CEF) is needed for this activity. To be prepared by: _____ _____ Employee meets criteria for education, training, skills and experience required for this activity. If yes, competence assessment scheduled for date: _____ _____ Development activity needed for: <input type="checkbox"/> Complete Activity <input type="checkbox"/> Activity Unit numbers: _____</p>	<p><b>Development activity required to meet defined CEF requirements:</b> ___ <b>In-house formal training</b> for this activity by: _____ Date Scheduled: _____ Assessment date: _____ ___ <b>On-the-Job Training</b> - Mng./Supervisor: _____ When training provided by another employee, provide that person with the performance requirements for the activity. Assessment date: _____ ___ <b>Outside Training Activity</b>: Provided by: _____ Course Name: _____ Course Content: <input type="checkbox"/> Description in file, or describe: _____ _____ Date(s): _____ Hours: _____ Certificate indicating successful completion of course is in file <input type="checkbox"/> Yes <input type="checkbox"/> No In-house assessment date: _____ ___ <b>Other development activity to meet requirement.</b> Begin date: _____ Define activity: _____ _____ Assessment date: _____</p>	<p><b>Records of Performance Assessment are maintained by Department Manager</b> (?)  Assessor confirms the employee meets the performance criteria for this activity.  Signature: _____  Assessor title: _____  Date: _____</p>
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<p>CEF No: _____ Name Activity Identified in the Job Description: _____ _____ _____ _____</p>	<p><b>HR determines with employee:</b> Does the employee have prior: _____ education, _____ _____ training _____ _____ skills _____ or _____ experience _____ required for this activity?</p>	<p><b>Completed by Human Resources</b> (Yes or No) Activities performed by HR to ensure competence: _____ A Competence Evaluation Form (CEF) is needed for this activity. To be prepared by: _____ _____ Employee meets criteria for education, training, skills and experience required for this activity. If yes, competence assessment scheduled for date: _____ _____ Development activity needed for: <input type="checkbox"/> Complete Activity <input type="checkbox"/> Activity Unit numbers: _____</p>	<p><b>Development activity required to meet defined CEF requirements:</b> ___ <b>In-house formal training</b> for this activity by: _____ Date Scheduled: _____ Assessment date: _____ ___ <b>On-the-Job Training</b> - Mng./Supervisor: _____ When training provided by another employee, provide that person with the performance requirements for the activity. Assessment date: _____ ___ <b>Outside Training Activity</b>: Provided by: _____ Course Name: _____ Course Content: <input type="checkbox"/> Description in file, or describe: _____ _____ Date(s): _____ Hours: _____ Certificate indicating successful completion of course is in file <input type="checkbox"/> Yes <input type="checkbox"/> No In-house assessment date: _____ ___ <b>Other development activity to meet requirement.</b> Begin date: _____ Define activity: _____ _____ Assessment date: _____</p>	<p><b>Records of Performance Assessment are maintained by Department Manager</b> (?)  Assessor confirms the employee meets the performance criteria for this activity.  Signature: _____  Assessor title: _____  Date: _____</p>
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Associated Documents	Content of the Associated Document	In Directory	File name
ISO 9001 Requirements Explained	Clause 6.2.2 Competence, awareness and training explains requirements that relate to this document	Training	iso 9001 requirements explained.doc
Competence Evaluation Form for (name activity)	Used to define units of competence for a specific activity	Forms	competence evaluation for (name activity).doc
Qualified Personnel Database	Used to list personnel who are qualified to perform specific activities performed in the organization.	Forms	qualified personnel database.xls
Information on establishing a competence-based personnel training program.	This form is based on information provided in the <i>ISO 9000 Quality System Handbook</i> by David Hoyle, Publisher: Butterworth Heineman. See pages 310-329 for a complete discussion of the evaluation of competency.		

If you are using this form for the first time, read the information provided in clause 6.2.2 of the document titled "ISO 9001:2000 Requirements Explained." The Personal Development Plan form is used in conjunction with the Competence Evaluation Form.

**Instructions for completing the Personal Development Plan form:**

You may enter the data in the heading of this form before printing copies of the form. Print page 1. Print the number of copies of page 2 that you need to list the activities the person is assigned to perform.

**Column 1** — Name the activity and enter the Competence Evaluation Form (CEF) assigned number for this activity.

There should be a Competence Evaluation Form (CEF) for each activity performed in the organization. When a CEF form does not exist, identify who will complete this form. It is suggested that those who actually perform the activity define (or participate in defining) the units of competence required for an activity.

**Columns 2 and 3** — Define how closely a candidate meets the organization's requirements for an activity.

Human Resources (?) interviews the person to determine the gap between the person's present status (education, training, skills and experience) and the performance requirements for each activity. Check the "Complete Activity box" when development is needed for all units of competence that make up an activity. Indicate the numbered unit of competence for which development is needed when the person presently meets some of the units defined for an activity. A date may be listed for evaluating the person's capability when present status matches requirements.

**Column 4** — Development activity required to meet defined CEF requirements

Define the development activity the organization will provide in order to meet defined requirements, and when the development activity will take place.

The content of an outside training activity can be defined or a printout of the course description may be added to the person's training file.

The Activity Assessor is defined on the CEF form for the activity. Human Resources (or the Activity Assessor) (?) defines the assessment date.

**Column 5** — The Activity Assessor signs the form to indicate that the person has demonstrated the ability to meet the activity performance requirements.

[Click the Back button to return](#)