ANNEXURE D

PERSONAL DEVELOPMENT PLAN (PDP)

Component/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Persal no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_ Local Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE:** To enable the manager and the employee to identify skills development requirements that are relevant to the core job content and as a result agree on the steps to be taken to address those developmental gaps

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| **AREA IDENTIFIED FOR DEVELOPMENT** | **OBJECTIVE OF DEVELOPMENT** | **TYPE OF INTERVENTION (SHORT COURSE, BURSARY)** | **QUARTER TARGETED** |
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|  |  |  |  |
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You may be nominated to attend workshops/conference/seminars and other training interventions to address the developmental areas as identified above.

We, (Employee) and (Supervisor) agree that the above-mentioned areas for development and the type of intervention suggested would be engaged in to achieve the required objective for development. We also understand that due to the operational requirements and budget constraints of the Department (component/unit), it may not be possible to undertake the training and development stated with the type of invention stated and/or within the quarter of the year as stated. There is also an understanding between ourselves that areas for development could be identified throughout the year and that this may change the order of priority and type of invention as stated in the plan.