

Personal Development Plan

Skills Performance Gap	Outcomes Expected	Suggested training and/or development activity	Suggested mode of delivery	Suggested Time Frames	Work opportunity created to practice skill/development area	Support Person
1.						
2.						
3.						

Signed and accepted by the Employee

 Date: 28/07/2017

Signed by the Municipal Manager on behalf of the Municipality
 (acting)

 Date: 28/07/2017

DF. -2-
 A.P.J

[Handwritten signature]