



Name: _____ Position: _____ Employee # _____

Supervisor: _____ OR Manager: _____

Date of Discussion: _____

Key Strengths: (Staff member to complete)	Key areas for improvement: (Staff member to complete)
Training completed since last review (Including e-learning). Include date training completed: (Supervisor/Manager to complete)	Compulsory training to be completed. List here and date to achieve this by: (Supervisor/Manager to complete)
Professional goals for the next 6 months: (Staff member to complete)	Actions Identified: (Supervisor/Manager to complete)

Training	Y/N
First Aid (3 yearly)	
CRDT (3 yearly)	
Communicable Diseases (e-learning)	
Manual Handling (e-learning)	
Aboriginal Cultural Awareness	
Cross Cultural Awareness (e-learning)	
SOP 90	
Code of Ethics (e-learning)	
VERB	
White Ribbon (e-learning)	
WHS for Workers e-learning package (being released by end of 2018)	
ISG (Information Sharing Guidelines) Intro	



Staff Member Signature: _____

Supervisors Signature: _____

or

Manager Signature: _____

Next Review Date: _____

Please complete the PDP Advice Form and send it to the Business Centre for entering into the CHRIS21 database.

The staff member is responsible for retaining a copy of their finalised and signed PDP.
