Personal Development Plan

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| **Meeting details**  |
| **Name of preceptor**  |  |
| **Name of preceptee**  |  |
| **Start Date**  |  |
| **Finish Date**  |  |
| **How will the feedback be given?**  |  |
| **Future meeting date** |  |
|  |  |
| **Growth based Career planning for preceptorship** |
| What are your expectations of preceptorship? * Organisational programme
* Support from your supervisor
 |  |
| SMART learning goals based on individual needs. To be agreed and updated, where necessary, at each subsequent meeting. |  |
| What additional learning would you like to complete to enable you to develop your skills / knowledge within the role of AP?  |  |
| What actions will you take to accomplish your learning goals? |  |
| What support do you require from your preceptor to achieve these goals? |  |
| Comments/notes |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))