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| Career planning is a continuous process of self-reflection and goal setting. This plan will help you to identify your short and long term career aspirations, as well as any professional development that you might need to undertake in order to achieve these goals. Any career aspiration should align with organisational priorities and should be reflected in your regular performance review discussions with your line manager.  For further information on the career planning process, please follow this link: <http://www.health.govt.nz/our-work/health-workforce/career-planning>. Before starting your career plan, it’s important to work through the career planning process, so that your plan is realistic and achievable for you - taking into account your self-assessment (Know Yourself) and your career research (Explore Possibilities). You will need to consider what knowledge and skills you will need to develop in order to prepare for your chosen career. As you work through this process, you will also need to seek out career advice from your line manager and the West Coast DHB Nurse Manager-Workforce Development.  For nurses who are applying for Health Workforce New Zealand (HWNZ) postgraduate nursing funding, you are required to complete this career plan. For West Coast DHB nurse employees, you are also required to be on the Professional Development and Recognition Programme (PDRP). | | | | | |  |
| **Career Plan for:**  **(Enter your name)** | |  | **Date:** | | |  |
| **Short Term**  **(within 1-2 years)** | | **Career/Professional Development Goals** | **Action Plan to achieve goals** | | | **Timeframe for achievement** |
|  |  | | |  |
| **Long Term**  **(within 3-5 years)** | |  |  | | |  |
| **Staff member:** I have discussed my career aspirations and professional development plans with my line manager, and my line manager supports my plan(s). | | | | **Line manager:** This career plan meets the needs of the service and/or aligns with strategic workforce development within our organisation. I have discussed this plan with my staff member and agree to support the achievement of these goals. | | |
| **Staff Member – to sign** | | | | **Line Manager – to sign** | | |
| **Name:** |  | | | **Name:** |  | |
| **Title:** |  | | | **Title:** |  | |
| **Signature:** |  | | | **Signature:** |  | |
| **Date:** |  | | | **Date:** |  | |