Individual Employment Plan

What would you like to do now?

1
2
3
4
5
6

Any learning /training gaps/development needs identified for roles of interest?

Specific Work Skills/Transferable Skills Identified

Personal Employer Contacts: Are there any employers you know or your family knows that you would like us to approach on your behalf?

Name	Company	Position	Contact details

SHORT TERM PREFERED OUTCOME					
OUTCOME	CHALLENGES	RESOURCES	ACTIONS	ACTOR	START/FINISH
MEDIUM TERM PREFERED OUTCOME					
OUTCOME	CHALLENGES	RESOURCES	ACTIONS	ACTOR	START/FINISH

CONFIDENCE

On a scale of 1 – 10, how CONFIDENT are you of completing the steps set out above?

1	2	3	4	5	6	7	8	9	10

10 being "it is ordained, inevitable and going to happen", and 1 being "Not a hope".

What do you know about your skills, motivation, resources, attitude, strengths and competencies that makes you at this number, and not lower?