## Scope of practice

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| --- | --- | --- |
| Name: | GOC  number: | Registrant  type: |
| I spend most of my time in these settings: | I undertake these enhanced areas of practice: | |
| Professional interests or opportunities I want to pursue: | What will be different in my work in three years’ time: | |

## Personal development plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Learning outcome | Date for completion | How does this relate to my scope of practice? | How will I achieve this? | Why is this learning outcome important? | How will I know when this has been achieved? | How has this impacted my practice? |
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| Insert additional rows below if needed |  |  |  |  |  |  |