

Staff Name:

Role:

Staff ID:

Department:

Academic Year:

*Staff to complete sections A and B prior to the professional development discussion with your Line Manager (Section C)*

### A. Staff identified development areas & CPD Activity Log:

	Identified skill / development need / CPD activity undertaken	Duration	Date
1			
2			
3			
4			
5			
6			
7			
8			

Additional Notes (funding requirements, resources found, points to raise with colleagues/line manager etc)

**B. Staff Development Reflection: Reflect on each of your identified development needs or activities undertaken in Section A**

Staff Reflection (Benefit to student / self / department. Good practice points to share. Professional aspirations. Any future actions)

1	
2	
3	
4	
5	
6	
7	
8	

**C. Professional Development discussion with Line Manager/Comments:**

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Staff Reviewee Signature:

Line Manager Name/Signature:

Review Date:

	Print Name:  Signature:	19/05/2021
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