

MEMBERS' PERSONAL DEVELOPMENT PLAN

Please complete this pro forma and bring it with you to your personal development review session. This form is confidential to you and the person who is conducting your Review, except for the final sheet which will be used by Democratic Services officers.

Name:

Name of Reviewer:

1. What are my current roles and responsibilities? *(e.g. a Cabinet or Scrutiny member, chair or member of a committee such as Corporate Governance, Planning or Licensing or other panels or boards. Community representative or leadership roles can be given here too).*

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2. What do I need to know about and be able to do to undertake my roles effectively? (See the role descriptions in Section 19 of the Council's Constitution)

3. What aspects of my current or potential future role(s) am I confident in?

4. Where am I less confident or need to develop further?

5. What might prevent me from undertaking my role(s) effectively? *(Consider any personal, organisational or political issues which might be a barrier to success)*

Areas that I would like to develop or learn more about:	Preferred method of learning or development (e.g. e-learning, reading materials at home, visits to other authorities, mentoring or networking, 'classroom' based training or practical workshops, etc.)
Skills (e.g. Chairing or questioning skills, effective meeting behaviours, social media, IT skills, public speaking, organisational skills, resilience and mental toughness, etc)	
Knowledge (e.g. the code of conduct, local government finance, equalities, the planning process, the policy framework, Denbighshire's governance and decision making arrangements.)	

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This sheet is to be detached and sent to Democratic Services, County Hall, Ruthin – email: democratic@denbighshire.gov.uk . It will be used to develop both generic and personal development plans and training programmes

Learning and Development Plan for _____ (insert year).

Area of Learning or Development	Method of Delivering the Learning & Development	Priority / timescale (e.g. 1st priority by Nov 202X)

Member's signature: _____

Date: _____

Reviewer's signature: _____

Date: _____