

2025



Personal Development Plan

Elevate Your Professional
Development with Omni
and Thrive!

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Personal Information

Name: _____
Position: _____ Gender: Male Female Other
Date: _____ Email: _____

Self-Assessment

Strengths: _____ Weaknesses: _____
Strengths: _____ Weaknesses: _____

Areas for Improvement

Short -Term Goals (6 - 12 months)

Goal 1

Action Step _____
 Resources Needed _____
 Timeline _____
 Success Criteria _____

Short -Term Goals (6 - 12 months)

Goal 2

Action Step _____
 Resources Needed _____
 Timeline _____
 Success Criteria _____

Long -Term Goals (1 - 3 years)

Goal 1

- Action Step _____
- Resources Needed _____
- Timeline _____
- Success Criteria _____

Long -Term Goals (1 - 3 years)

Goal 2

- Action Step _____
- Resources Needed _____
- Timeline _____
- Success Criteria _____

Development Activities

Training and Courses:

Mentoring and Coaching:

On-the-Job Experience:

Feedback from Supervisor/Mentor:
