

TO BE COMPLETED BY THE EMPLOYEE:

FORM 3

Learning Plan Registration

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ Name: _____ Position Title: _____ Department: _____ Division: _____ E-mail Address: _____ Workplace Internal Location/Mailing Address: _____ _____ _____ Postal Code: _____ Office Telephone No: _____ Fax No: _____ Special Needs (Medical/accessibility/allergy) _____ _____ Signature: _____ (Please print off completed form and sign) Date: _____	Location <input type="checkbox"/> St. John's <input type="checkbox"/> Clarenville <input type="checkbox"/> Gander <input type="checkbox"/> Grand Falls-Windsor <input type="checkbox"/> Corner Brook <input type="checkbox"/> Stephenville <input type="checkbox"/> Happy Valley-Goose Bay <input type="checkbox"/> Other _____ (Please specify)
	Pay Level: <input type="checkbox"/> HL <input type="checkbox"/> Other _____ (Please specify)
	Please indicate if you belong to one of the following employee groups: <input type="checkbox"/> Administrative Support <input type="checkbox"/> Policy/Analyst <input type="checkbox"/> Financial Management <input type="checkbox"/> Human Resource Management <input type="checkbox"/> Information Management

TO BE COMPLETED BY MANAGER:

Name: _____	Office Telephone No: _____
Position Title: _____	Fax No. _____
State how this learning plan relates to the performance goals.	

Date: _____	Signature _____

Please complete in full and fax (729-4114) or mail to the Centre for Learning and Development, Public Service Secretariat, 5th Floor, West Block, Confederation Building, P.O Box 8700, St. John's, NL, A1B 4J6.

Date Received by the Centre for Learning and Development: _____

FORM 3

MY INDIVIDUAL LEARNING PLAN

Keep your learning plan in view. This will help you to stay focused on achieving your learning goals.

Competency: _____

My Learning Goal	Why is this learning goal important to my role?	How will I accomplish this goal?	What are potential obstacles to learning and how will I handle these?	How will I show that I have met my learning goal?	Time Frames for completion.

NAME: _____

DATE COMPLETED: _____

Privacy Statement for the Centre for Learning and Development

Under the authority of programs managed by the Centre for Learning and Development, personal information shall be collected and used for the purpose of program administration. Personal information that you provide is protected under the *Access to Information and Protection of Privacy Act* ("the Act") and shall not be disclosed or used for any purposes other than those in accordance with the Act.

For further information, please feel free to contact the Centre for Learning and Development.

Address: 5th Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

Telephone: (709) 729-3653

Facsimile: (709) 729-4114

Website: www.exec.gov.nl.ca/exec/pss/learning_and_development/index.html

Centre for Learning and Development

Public Service Secretariat