

**Institute of Risk Management - Membership**

Continuing Professional Development Action Plan

**Name**:

**Member No:**

**To:**

**Covering the period from:**

This sheet is for your guidance only.

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| **Development Objective**  Describe the specific skill, competence or knowledge gap you intend to improve or develop | **Start date**  When do you intend to start? | **Target Date**  When do you intend to complete this objective? | **Development Outcome**  Describe how you expect that achieving this objective will improve your performance | **Planned CPD Activity**  Describe the specific activity/activities you intend to undertake to meet this objective. |
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