** Personal Development Plan**

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| **Identified training (development) needs** | **Plan to address training needs** | | **How will this help the Registrant in their job?** | **Achievement timescale** |
|  |  | |  |  |
| **Signed** (Registrant) | | Dated | | |
| **Signed** Line Manager/Mentor (if available) | | Dated | | |

**PRTL Submission Form**

**Full name:**

**Employer name (if in employment):**

**Registration Number:**

**Summary of Work Role (maximum 500 words**

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| **Total words:** |
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**PRTL Submission**

**Personal Statement** (page 1) **(Maximum 1500 words):**

***This should demonstrate that you have reflected on your learning and describe how your learning has improved your practice and benefitted service users and carers.***

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| **Total words:** |
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**PRTL Submission**

**Personal Statement** (page 2) **(Maximum 1500 words):**

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| **Total words:** |
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**PRTL Submission**

**Personal Statement** (page 3) **(Maximum 1500 words):**

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**PRTL Submission**

**Summary of PRTL Activities**

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| --- | --- | --- |
| **Date** | **Duration**  **(hours)** | **Brief description of activity** |
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**Total training and learning for period of registration**

|  |  |
| --- | --- |
| **Hours:** |  |

**Registrant Declaration**

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, or the provision of false information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council as misconduct.

**Signed** (Registrant): **Date**