Professional Development- Discovery Week Scoping form

|  |  |  |
| --- | --- | --- |
| Name:- | Position:- | Dates:- |
| Focus | | |

**Plan**

|  |  |  |
| --- | --- | --- |
| Intended Activities/ Professional development | Cost/ Resource | Intended Outcome |
|  |  |  |

**Agreement**

In entering into this activity you agree to complete an evaluation ( a formal report outlining actions and what was leant and how it will be used to develop practice), provide feedback and if appropriate share finings across the trust.

Name of applicant:-

Signature:-

Date:-

Agreed By:-

Signature:-

Date:-