

**Training and development plan: (setting & date).....**

Objective 1 (with completion date)

| Success Criteria | Actions with date | Person Responsible | Resources/<br>funding<br>stream | Termly/6 monthly monitoring<br>review | Final review |
|------------------|-------------------|--------------------|---------------------------------|---------------------------------------|--------------|
|                  |                   |                    |                                 |                                       |              |

Signature of PSEYT

(Date)

Signature of Nursery Manager

(Date)