**Evidence template number 3A: PDP**

**Professional development plan nine-twelve months (optional)**

To address areas noted by assessor at the final review meeting as well as areas identified in this document.

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| **Period covered** |  |

| **Learning objective** | **How will you meet the objective?** Development activity or action planned. | **How does****this link to the assessment outcomes for the ASYE?** | **How will you know if the objective is met?**  Intended outcomes for practice and people in need of care and support. | **Timescales?** Date for completion and/ or review. | **What was the impact on your practice?** |
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