**Form (B): Complete this learning action plan with your supervisor.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Name:** |  | **Roster / UVP ID:** |  | **Date:** |  |
| **Host Agency:** |  | **Country:** |  | **Contract end date:** |  |

**YOUR STRENGTHS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 01. What are you best at? | 02. Ideas for improvement (Experience, Exposure, Education, others) | 03. Opportunities toapply your skills whilevolunteering | 04. How your host agency benefits (expected outcome, success criteria) | 05. Your target date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**YOUR OPPORTUNITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 01. What skills and experiences do you wish to develop? | 02. Ideas for learning (Experience, Exposure, Education, others) | 03. Opportunities toapply your skills whilevolunteering | 04. How your host agency benefits (expected outcome, success criteria) | 05. Your target date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Approved by (Supervisor name, last name):** |  | **Supervisor Signature:** |
| **Date:** |  |