

# Workforce Action Plan (insert organisation / logo)

(Date of implementation – e.g. Jan 2015 – Jan 2016)

| No. | Identified workforce needs / gaps | Key actions to be taken | Who to action? | By when? | Measures of success |
|-----|-----------------------------------|-------------------------|----------------|----------|---------------------|
| 1   |                                   |                         |                |          |                     |
| 2   |                                   |                         |                |          |                     |
| 3   |                                   |                         |                |          |                     |
| 4   |                                   |                         |                |          |                     |
| 5   |                                   |                         |                |          |                     |
| 6   |                                   |                         |                |          |                     |

Date of Workforce Plan:     /     /

Review Date:     /     /

Authorisation signature: