*(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: