



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

### Learning Contract/Professional Development Plan

**Week:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Learning Need</b> (What I need to learn more about – can be knowledge, skills or competency area)	<b>Learning Objective</b> (Identify specific area to work on to meet your learning need)	<b>Learning Activity</b> (Outline what you will do in order to achieve the learning objective, include evidence to demonstrate how you achieve the objective)	<b>Competency Area &amp; Number</b> (List competency number from assessment form)	<b>Timescale</b> (When you intend to have completed this piece of learning)

**Student signature:** \_\_\_\_\_

**Practice Educator signature:** \_\_\_\_\_