



Annual Review

Pastors Name:

Ministry Context (church and role, chaplaincy description etc):

- This review provides the opportunity for you to review your PDP in the twelve month period since your re-accreditation
- This review should be undertaken in consultation with your PDP Companion

Review Statement:

How many times have you met with your PDP Companion?

Which of the categories in your Professional Development Plan have you been able to complete/satisfy?

Which aspects of your PDP have you been unable to complete/satisfy?

What changes, if any do you wish to make to your PDP?

Please indicate which Professional Standards (PS) workshop or seminar you have attended this year:
(See pg 10 for information on approved Professional Standards Workshops)

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Please indicate if you wish to discuss any aspects of your PDP with:

PDP Coordinator:
Regional Minister:
Other (please specify):

Signed:

_____ _____
Pastoral Leader PDP Companion
Date: ___ / ___ / _____

* Reviews may be submitted via email, however it is important that Companions are part of the review process. Please mark the box to indicate your Companion's participation.