



MENTORING ACTION PLAN

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Reference:	PUK-TC-FOR-0041
Revision:	01
Date:	01/04/2025

MENTORING ACTION PLAN

MENTEE DETAILS

NAME:	JOB TITLE:
PAYROLL ID:	DEPARTMENT:
EMAIL:	

MENTOR DETAILS

NAME:	JOB TITLE:
PAYROLL ID:	DEPARTMENT:
EMAIL:	

1. MENTORING PROGRAMME OVERVIEW

Goal of the Mentoring Relationship:

(Provide a concise description of the overall goal of the mentoring relationship, based on the mentee's development needs or career aspirations.)

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2. GOALS & OBJECTIVES

Goal 1:

- **Specific Objective(s):**

Goal 2:

- **Specific Objective(s):**

Goal 3:

- **Specific Objective(s):**

3. ACTION PLAN & ACTIVITIES

Objective 1	Support Person:				
Activity/Task:	Competency Skill Targeted:	Start Date	End Date	Costs:	Status:



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Objective 2	Support Person:				
Activity/Task:	Competency Skill Targeted:	Start Date	End Date	Costs:	Status:

Objective 3	Support Person:				
Activity/Task:	Competency Skill Targeted:	Start Date	End Date	Costs:	Status:

4. COMMENTS

5. SUCCESS CRITERIA

How will success be measured?
 (Define clear criteria to evaluate the mentee’s progress and achievements, e.g., competency, skill acquisition, performance in specific tasks.)

6. ADJUSTMENTS & MODIFICATIONS

Plan for any necessary adjustments to the action plan:
 (Please track adjustments, if goals, timelines, or resources need to be altered.)