



Trainee Action Plan (TAP) Form

Trainee Name:	Training year:	Term:	Supervisor's name:		TAP start date: (m/d/yy)
Issue	Agreed activities/actions		Assessment method/s	Review date	Outcome
Involvement of Human Resources?	Yes	No	Referral for specialist assistance?		
Referral to outside authorities?	Yes	No			
Referral to Next Supervisor?	Yes	No			
Date: (m/d/yy)	Trainee signature			Supervisor signature	