**LEARNING APPLICATION PLAN (LAP)**

This Learning Action Plan is to be filled up by TSU employees who attended external training and must be submitted to the HRDMO-Training and Organizational Development Unit at least two (2) weeks after completion of the L&D activity. This form intends to ensure that the learning gained from the training attended is significantly applied in your respective workplaces. Also, this facilitates discussions and agreements between the participants and supervisors on what has been learned and how these will be applied at work. Please **ATTACH** the certificate of attendance/participation and PPT presentation, if applicable.

**Name of Participant/Learner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Completed Training/L&D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learning Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of L&D:** Training Seminar Webinar Workshop Conference Convention **Inclusive Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Symposium Short Online Course Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mode of Participation: Face-to-Face**  Venue **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number of Training Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Online** Platform**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learning Investment/Registration Fee:** Php \_\_\_\_\_\_\_ Free

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **WORKPLACE DEVELOPMENT GOAL/ OBJECTIVES** | **CURRENT STATUS** | **ACTIVITIES/****STRATEGIES** | **TIMEFRAME** | **RESOURCES NEEDED** *(Optional)* | **PARTICIPANTS/****BENEFICIARIES** | **EXPECTED OUTPUT/OUTCOMES** | **SUCCESS INDICATOR** |
| What key changes do you want to see in your unit/office/college as a result of your participation in a Training/L&D Activity? | Describe the current situation (problem, challenges, opportunities, or current gap) in your unit or department that you expect to address or contribute to: | Cite some activities or strategies to reach your workplace development goal. | When do you plan to implement this Learning Application Plan?  | Provide specific details of the physical and human resources required to successfully implement the identified activities/strategies | Who are the main beneficiaries of this Learning Application Plan? | What are the changes or results that the organization expects to achieve after the successful completion of this Learning Application Plan? | What will serve as evidence of the success of this Learning Application Plan? Success indicators may be in terms of quality, quantity, and time.  |
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*\*one row per objective/goal*

Submitted by: Reviewed and Approved by: Received by:

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*(Signature over printed name of participant) Immediate Supervisor HRDMO-TAOD Staff*