

PART A

The following questions summarize pertinent information about your current roles and responsibilities. Please answer these questions – your responses should provide you with a “formal” summary of your strengths and may help you identify some opportunities for skill and/or knowledge enhancement.

NAME: _____ **DATE:** _____

The specialty I practise in is:

The type of facility I work in is:

I am a: – (Note: check all categories below that apply to you)
 clinical MRT manager of MRTs other (Please specify) _____

My key areas of responsibility are:

My anticipated new or changed areas of responsibility will include:

New skills I anticipate I will be required to use on my job include:

Areas I am interested in learning more about:

- a. _____
- b. _____
- c. _____

How these areas apply to my current or anticipated job responsibilities:

- a. _____
- b. _____
- c. _____