

# **RE-ENTRY ACTION PLAN**

# ***(Specify name and type of activity)***

# Re-Entry Action Plan Form

*(Insert Name of Activity)*

A Re-entry Action Plan (REAP) is a mechanism that enables participants in Australia Awards supported activities to apply what they learned when they return to their workplace.

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| **Name and Position Title**  *Name of person preparing the individual REAP. In the case of a group REAP, the names of the person responsible for its preparation and implementation.* | |  | | | | |
| **Type of REAP**  *If one or more Group REAP, identify the names of participants per group* | | □ Individual REAP  □ Group REAP | | | | |
| **Organisation**  *Name of the organisation or unit where the REAP will be implemented. .* | |  | | | | |
| **Competency**  *With reference to the identified competencies/learning outcomes from the activity, what competencies is the REAP designed to further enhance? Is addressing the competency gap an urgent need?* | |  | | | | |
| **Situation Analysis**  *What is the current situation (in terms of problems, challenges and opportunities) in the organisation, where the REAP will be implemented? How will the REAP address these issues?* | | |  | | | |
| **REAP Title**  *The title should reflect the nature of the REAP* | | |  | | | |
| **REAP Objective**  *Please set out the key objective of the REAP. The objective must be SMART (Specific, measurable, attainable, result-oriented and with timeframe).)* | | |  | | | |
| **Output/s**  *What output/s is/are expected to be produced from the REAP resulting from the increased competency?* | | |  | | | |
| **What are the GEDSI benefits from your REAP?**  GEDSI – Gender, Equality, Disability, Social Inclusion | | |  | | | |
| **REAP Duration**  *Indicate the start and completion date for the implementation of the REAP. (To be completed within 12 months of the conclusion of the activity)* | | |  | | | |
| **Actions** | | | | | | |
| **Action Steps** | | **Expected Output** | | **Timetable** | |
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| Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title Name and Title  *(To be signed by the person developing the REAP and the person responsible for its implementation, if different.* | | | | |