# **Re-Entry Action Plan**

*<Indicate Name of Course>*

A Re-entry Action Plan (REAP) is a mechanism that enables participants in Australia Awards Scholarships and Short Courses to apply what is learned to the workplace.

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| **Type of REAP**Please indicate whether the REAP will be done individually or by group. If the REAP will be done by group, the group members should not be more than 3. | □ Individual REAP□ Group REAP |
| **Name and Position Title**Name of person preparing the individual REAP. For group REAPs, the names of all participants*.*  | **Name** **Position** |
| **Organisation**Name of the organisation and work unit(s) 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 unit or 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, results-oriented and have a timeframe). |  |
| **Organisational Outcome/s**Describe the organisation outcomes your REAP will contribute, e.g., improvement in procedure or process, changes in policy, structure, competencies of the workforce, etc. How will your REAP contribute to your agency’s initiatives related to COVID-19 (post-quarantine or post-COVID-19) |  |
| **Output/s**What output/s is/are expected to be produced from the REAP resulting from the increased competency? |  |
| **Beneficiaries**Who are the beneficiaries of your REAP? Please identify if they are women, persons with disabilities and/or indigenous peoples. What benefits will they receive? |  |
| **REAP Duration**Indicate the start and completion date for the implementation of the REAP. (To be completed within 6 months of the conclusion of the activity). |  |
| **Resources**Identify the resources you need to be able to implement your REAP, (financial, time, authority and human). |  |
| **Actions to Achieve the REAP Objective** |
| **Action Steps** | **Expected Output** | **Person****Responsible** | **Timetable** |
| <<Briefly describe an action step that is predictive and influenceable>> | <<Not necessarily one output per action step but group of/several steps producing an output>> | <<Identify who will be responsible to undertake the action. If group REAP, indicate name of group member>> | <<Provide estimated or target timeframe>> |
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*Individual or Group REAP Coordinator*

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title Supervisor/Director

 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

 (date) (date)

*Other Group REAP Members*

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title Supervisor/Director

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 (date) (date)

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Title Supervisor/Director

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 (date) (date)

<<Note: for individual REAP, the name here will be the name of the individual. For Group REAP, signatures here will be all the members of the group and their supervisors/Directors.>>