PERSON	AL LEADERSHIP	(PCD003)						
FOR						(Print Name & Surname of Pastor)		
Pastor ID	NUMBER:				REGION:			
In consu	Itation with:				(F	Print Name & Surname of Mentor/Coach)		
Mentor/ Coach ID NUMBER: REGION:								
A.		CUS AREAS:	KING (LEADING) Influencing & Transforming the community Assembly structure: Leadership & Management Self Leadership		EXAMPLE : (This is only an example of what can possibly be done.)			
(PRIEST (MINISTERING)	(PROCLAIMING) Being			FOCUS AREA:	ACTIVITY:		
MISSIONAL CHURCH	Pastoral care: Church & Community	the Good News in the Community			1.Interpersonal Abilities:	-Reading a book on emotional intelligenceAttending a workshop on Self-Management.		
GROWING ASSEMBLY	Interpersonal Abilities (EQ)	Theological Insight			2.Personal & Mental Health & Abilities:	-Attending a workshop on Retirement planningStarting to exercise 3 times per week.		
PERSONAL LIFE	Personal & Mental Health & Abilities.	Ministry Skills, & Spirituality.			3.Assembly structure: Leadership & Management.	-Attending Regional training on LeadershipAttending Global Leadership Summit (GLS) -Reading a book on Leadership Principals.		
B. FOCUS & ACTIVITIES FOR(Year)								
FOCUS AREA:					ACTIVITY:			
2								
3								
The Mentor/ Coach should be an ordained pastor who is in ministry for longer than the pastor for whom this development plan is created. He, or she should preferably be a seasoned leader with a father/ mother heart. Date of the initial discussion and creation of this development plan:								
Date/s of progress-and-report-back-session/s: (At least once per year) 1								
SIGNED BY: MENTOR/COACH: PASTOR: PASTOR:								

PASTORS RECEIVE 5 PCD CREDITS FOR COMPLETING THE INITIAL DEVELOPMENT PLAN (Page 1) & 10 MORE ON COMPLETION OF THE PROGRESS & REPORT SESSION/S. (Page 2) TOTAL: =15

MENTORS/COACHES RECEIVE 10 PCD CREDITS IN TOTAL - ON COMPLETION OF PAGE 1 & 2 COMPLETED FORMS TO BE SEND TO THE NATIONAL PCD OFFICE.

PERSONAL LEADERSHIP DE	VELOPMENT PLAN:	(PCD003)		
FOR		(Print Name & Surname of Pastor)		
Pastor ID NUMBER:	I	REGION:		
In consultation with:		(Print Name & Surname of Mentor/Coach)		
Mentor/ Coach ID NUMBER:	I	REGION:		
DATE OF PROGRESS & REPOR	T BACK MEETING:			
	PROGRESS AND REPOR	RT BACK FORM:		
FOCUS AREA:	ACTIVITY:	PROGRESS:		
1				
2				
3				
OTHER COMMENTS:				
SIGNED BY: MENTOR/COACH:	PA	STOR:		

PASTORS RECEIVE 5 PCD CREDITS FOR COMPLETING THE INITIAL DEVELOPMENT PLAN (Page 1) & 10 MORE ON COMPLETION OF THE PROGRESS & REPORT SESSION/S. (Page 2) TOTAL: =15

MENTORS/COACHES RECEIVE 10 PCD CREDITS IN TOTAL - ON COMPLETION OF PAGE 1 & 2 COMPLETED FORMS TO BE SEND TO THE NATIONAL PCD OFFICE.