

Review Form

This form is obligatory for staff on Bands 8-10 and optional for staff on Bands 1-7

Name: _____
Job title: _____
Department _____
Grade: _____ Date of appointment: _____

Please ensure that a current job description is attached.

Assessment of performance

Please comment on performance against each element of the **job description** and give examples to support your assessment. **Please ensure the job description is attached.**

Please include how the member of staff has demonstrated the necessary skills and knowledge for the post as outlined in the **person specification**. **Please ensure the person specification is attached.**

Are you satisfied that the individual has reached the required standard in all areas of the job description and person specification?

Yes ☐ No ☐

If no, please provide examples of areas that have not yet reached the required standard.

Are there any factors that have prevented the full duties of the post being performed? If so, please comment on these.

Training and Development

Please note any training/support that the member of staff has received during the review period.

Are you satisfied that the individual has received all necessary training and support in order to carry out the areas required of him/her in his/her job description and person specification?

Yes ☐ No ☐

If no, please comment on which further training/support needs have been identified.

Conclusions and Recommendation

Please comment on the overall standard of work produced and summarise the member of staff's progress to date. Please include any particular achievements of the employee and include comments on time-keeping and attendance. The comments should summarise the reasons for the recommendation made below.

Please confirm whether you want the appointment to be:

confirmed ☐

(if the employee has achieved the required standard in all areas of the job description and person specification)

extended ☐

if, after advice from ER, it has been decided that the employee requires additional time/support to achieve the required standard in all areas of the job description and person specification)

terminated ☐

if, after advice from ER, it has been decided that the employee requires additional time/support to achieve the required standard in all areas of the job description and person specification)

Signed (Manager) Date: _____

Print name _____

Title

Signed (Head of Division/Department) Date: _____

Print name _____

Title