**APPOINTMENT SUPPORT REVIEW FORM** (PROGRESS MEETING)

**Please complete a new form for each progress meeting and attach any additional comments and/or supporting statements.**

Individuals involved in the appointment review process are responsible for maintaining the confidentiality of this document and its information, for the purpose of this process.

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| --- | --- | --- |
| Name of employee | Role title | Faculty / Department/NSI |
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| --- | --- | --- |
| Date of appointment | Duration of review period | Date of progress meeting |
|  |  |  |

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| --- | --- |
| Name of reviewing manager | Role title of reviewing manager |
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| --- | --- |
| **Record of progress meeting** | |
| **Key attributes in the role** | **Assessment of progress to date against agreed objectives for each attributes** (including any outstanding actions, further development or support required) |
| Demonstration of required skills and knowledge for the role |  |
| Performing duties to an acceptable standard according to the requirements of the role *(quality and volume of outputs)* |  |
| General contribution to projects (if relevant to role) |  |
| Working relationships with others *(including acting as a positive role model and engendering a culture of mutual respect)* |  |
| Attendance and timekeeping |  |

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| **Preparation for next progress meeting**  *(please add additional rows for objectives and development activity as needed)* | | | |
| Date and time of next review meeting |  | | |
| Actions for the next meetings, including any specific objectives to be completed. | *Objective* | *Target date for completion* | |
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| Training and development activities planned / to be arranged | *Activity* | *Target date for completion* | |
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| Where assigned, name of mentor and confirmation that meetings have taken place / are planned *(it is the responsibility of the employee to arrange meetings)* |  | | |
| Signature of reviewing manager |  | Date |  |

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| --- | --- | --- | --- |
| Employee comments |  | | |
| Signature of employee |  | Date |  |

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