**FORMAL PROBATION ASSESSMENT FORM FOR PROFESSIONAL SERVICES AND RESEARCH STAFF**

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

Individuals involved in the probationary process are responsible for maintaining the confidentiality of the information in this document, for the purpose of this process.

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| Name of probationer | Role title  | Faculty / Department  |
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| --- | --- | --- |
| Date of appointment | Duration of probationary period  | Date of review |
|  |  |  |

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| --- | --- |
| Name of reviewing manager | Role title of reviewing manager  |
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| --- | --- |
| Rating  | Description |
| ME | **Meeting Expectations** - the individual is consistently fulfilling the essential areas of responsibility to the expected performance standards.  |
| FDR | **Further development required** - the individual has yet to experience some key responsibilities or is not consistently fulfilling the essential areas of responsibility to the expected performance standards. Details of further development required should be included.  |
| IR | **Improvement Required** - performance is consistently falling below expected performance standards during the review period. Details of improvements required should be included.  |

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| **Formal Assessment** |
| **Criteria**  | **Assessment of progress to date against agreed objectives for each criterion** during the review period (including any outstanding actions, further development or support required)  | **Overall assessment of performance** during review period (tick as appropriate) |
|  |  | ME | FDR | IR |
| 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 |  |[ ] [ ] [ ]
| Clinical activity in the relevant NHS Trust/Body role *(only relevant to clinical researchers, research nurses and midwives and allied health professionals in the School of Clinical Medicine and in other schools)* |  |[ ] [ ] [ ]

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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 probationer to arrange meetings)* |  |
| Signature of reviewing manager |  | Date |  |

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| --- | --- |
| Probationer comments |  |
| Signature of probationer |  | Date |  |