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

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 / NSI |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of appointment | Duration of probationary period | Date of review |
|  |  |  |

|  |  |
| --- | --- |
| Name of reviewing manager | Role title of reviewing manager |
|  |  |

**Section 1**

|  |  |
| --- | --- |
| **Final overall assessment** of performance by reviewing manager against the following criteria: | |
| 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 |  |

**Section 2**

Relevant to clinical researchers, research nurses and midwives and allied health professionals in the School of Clinical Medicine and in other schools only.

*This section should be completed by the probationer’s Clinical Director*

|  |  |
| --- | --- |
| Name of Clinical Director | NHS Trust / Body |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Has the probationer received an NHS appraisal? | | Y / N | |
| Has the individual been subject to any disciplinary action or formal proceedings under their honorary clinical contract including, any NMC/HCPC referral? | | Y / N | |
| *If yes, please provide detail* |  | | |
| Summary of clinical competency and commitments |  | | |
| Signature of Clinical Director |  | Date |  |

**Section 3**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outcome of assessment by reviewing manager *(select as appropriate)* | | | | | | | | |
| **Confirm appointment** |  | **Extension of probationary period** | |  | **Termination** **of appointment** | | |  |
| Period of extension (if relevant) | | | Date: | | | | | |
| Signature of reviewing manager | | |  | | | Date |  | |

**Section 4**

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