**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**

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| **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**

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| 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 |  |