**FORMAL PROBATION ASSESSMENT FORM FOR ACADEMIC STAFF**

(Research and Teaching Academic Career Pathways Scheme)

**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.

|  |  |  |
| --- | --- | --- |
| Name of probationer | Role title  | Faculty / Department  |
|  |  |  |

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

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

**Section 1**

|  |  |
| --- | --- |
| 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 |
| Research |  |[ ] [ ] [ ]
| Teaching and/or researcher development*(including examination)* |  |[ ] [ ] [ ]
| An effective contribution of service to the University and to the academic community beyond the University. Promotes collegiality and engenders a culture of mutual respect. |  |[ ] [ ] [ ]

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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* |
|  |  |
|  |  |
|  |  |
| 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 |  |

**Section 2**

**Relevant to academics in the School of Clinical Medicine and clinical academics 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 GMC referral? | Y / N |
| *If yes, please provide detail* |  |
| Summary of clinical competency and commitments |  |
| Signature of Clinical Director  |  | Date |  |

**Section 3**

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