STAFF REVIEW AND DEVELOPMENT

Name: [Member of staff] Review Date:

Draft Agenda

The following is a draft agenda. Please let me know of any other agenda items you would like to add, either before the above date or at the start of the review.

- General discussion re: achievements and progress since last review
- Targets for next 12 months
- Training/Development required to help meet targets
- Views on your future development and career aspirations
- General discussion re: how we can improve the way we work

Preparing for your Review

Please bring the responsibilities part of your role description to your review.

It would be helpful if you could consider the following questions prior to the review.

- 1. What have been your main achievements since your last review?
- 2. Which skills have you developed in that period?
- 3. What areas of difficulty have you found, if any?
- 4. Are there any staff development activities that were planned that did not happen?
- 5. What aspects of your role do you wish to improve/develop?
- 6. Are there any skills you have that you feel are not being fully utilised and you would be interested in developing?
- 7. What do you feel should be your key targets for the next 12 months?
- 8. What training and development do you feel you need to support you?
- 9. For the future, what career developments or personal aspirations do you wish to be considered?

Form PD25

Strictly Confidential

Staff Review and Development Record

Part 1							
Name:		Job title and grade:					
Period covered by review:			Date of this review				
Part 2							
Summary of Discussion							
1. Record review p		s related to the key ta	sks/targets of the job over the				
and train		ed to support the obje	view date. Record development ctives on the Personal				
3. Record	any views on futo	ure development and o	career aspirations				

Form PD25

Strictly Confidential

Record any action points agreed during the review				
Part 3				
Appraiser's comments				
		Signed:	.Dated:	
Part 4				
Appraisee's comments				
		Signed:	.Dated:	
Part 5				
Seen by the Head of Department:				
		Signed:	.Dated:	

Individual Training Log



(Institution)

Name: Date:		
Date	Duration	Training/Development undertaken

Form PD26

CONFIDENTIAL PERSONAL DEVELOPMENT PLAN Surname Forename/s Title Office/Post Grade Faculty/Department Service Date of Appointment Date Training/development needed Target date How the need is to be met Date achieved Signature of Staff Member Date Signature of Reviewer Date