**Staff Appraisal Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | signed |  | Date |
| **Manager’s Name** |  | Signed |  | Date |
| **Performance Rating****Please circle appropriate Box** | Objectives Met and exceeded | Objectives Met and Satisfactory | Objectives Not Met | If not met, date made for recovery plan discussion |
| **Mandatory Training completed** | Y/N | If no, action plan agreed for recovery | **Working Time Directive Opt Out Form Signed?**YesNoNot Applicable |
| **PDP Agreed** | Y/N | If no, date agreed for review | **Date of six month review** |  |
| **For Clinical Staff****Revalidation and registration up to date** | Y/N | Renewal Date | **Date of next appraisal** |  |

To be completed and electronic copy sent to the Training team for updating records

**Conversation Summary**

Summarise the discussion of the previous year including:

Achievements/ Reasons to be proud

Barriers to achievements/ what could be better

Feedback – appraiser and appraisee

Reasons for performance rating

Any other information

**Objectives**

Between 3-5 SMART objectives

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Objectives (Specific) | What will have changed (measurable) | What support is required/ input from others (achievable) | How will the service benefit (Relevant) | Completion Date(Timebound). Some objectives will run over more than one appraisal period | Any additional comments |
| HWB\* |  |  |  |  |  |
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|  |  |  |  |  |  |

\*All staff should have a mental or physical HWB objective. Managers may have one for their team

**Personal Development Plan**

No additional training will be agreed unless mandatory training is up to date

Priority

High – mandatory (corporate or requirement for role)

Medium – important to service development

Low – beneficial for individual development, useful for service development

Please indicate if study leave/ funding has been agreed. See Study leave policy

Please consider non-funded training and development opportunities (see additional information in guidance notes)

Insert rows under Development Need as required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Development Need | Expected date of completion | Priority | Study Leave | Funding |
| Mandatory Training |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

All 3 documents to be completed, scanned for filing in personal file and copy given to appraisee

**Notes:**

Please use this space to record any notes you would like to make in preparation for your appraisal. They are for your reference and do not form part of the appraisal documents