**Record of your appraisal meeting**

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| **Date of your last appraisal:** |  | **Appraisal date:** |  |

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| **Your name:** |  | **Your manager’s name:** |  |
| **Your job title:** |  | **Your location:** |  |

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| **SECTION ONE** | | | |
| **1. Review of job description** | | | |
| Are any amendments needed? Yes  No  *If amendments are significant it may be appropriate to agree the job description prior to appraisal.* | | | |
| **2. Employer’s duty to make reasonable adjustments – Equality Act 2010** | | | |
| Do you consider yourself to be disabled? [[1]](#footnote-1) Yes  No  Do you wish for your manager to consider any Yes  No   adjustments to the job or work premises?  If yes, please refer to the Workplace Reasonable Adjustments Policy. | | | |
| **3. Personal circumstances** | | | |
| Are there any changes to your health and personal Yes  No  circumstances since your last appraisal which you wish to discuss with your manager?  Do you have any outside interests that have not Yes  No  been declared?  If yes, please provide details below:  Do you work outside of Livewell Southwest, including Yes  No  paid or voluntary work. If yes, please use this hyperlink:  [Appraisal paperwork - Secondary Employment Declaration](http://pchnet.derriford.phnt.swest.nhs.uk/Portals/3/Appendix%20B%20Secondary%20Employment%20and%20Clinical%20Private%20Practice%20declaration.docx) | | | |
| All employees have a duty to inform their employer of any changes to their registration, fitness to practice and criminal history as part of their terms and conditions of employment. Therefore, any offence leading to a criminal conviction or formal police caution must be reported to your manager.  I confirm that my circumstances have not changed since I was first appointed to Livewell Southwest or since my last declaration.  Yes  No  If you state no and your circumstances have changed, please use this hyperlink to complete the form:  [Criminal convictions & fitness to practice self-declaration form](http://pchnet.derriford.phnt.swest.nhs.uk/Portals/3/Appendix%20C%20Criminal%20Convictions%20%26%20fitness%20to%20practice%20declaration%20form.docx) | | | |
| **SECTION TWO** | | | |
| **How are you? *Is there anything we can support you with that would help you continue your career with Livewell?*** | | | |
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| **Review of the past year. *Reflect on how you have demonstrated the following by providing some examples? If you faced challenges how did you overcome them.*** | | | |
| **Putting people at the centre of what we do** | | | |
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| **Valuing, supporting and empowering each other** | | | |
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| **Being an organisation with a strong social conscience** | | | |
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| **Transforming services to make them sustainable** | | | |
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| **SECTION THREE** | | | |
| **How would you like your career to develop over the next year?** | | | |
| What support do you need from your manager, the team or the organisation to fulfil your aspiration for the future? | | | |
| **Review of objectives over the past year – briefly describe how this has gone and any examples and if they have been achieved.** | | | |
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| **Objectives for the coming year *Based upon our values: Kind, Respectful, Inclusive, Ambitious and Responsible*** | | | |
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| **SECTION FOUR** | | | |
| **Your manager’s comments** | | | |
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| **Your comments** | | | |
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| **Review of competency for your role *Please tick as appropriate*** | | | |
| Up to date mandatory training  Job description available and current  Attends and contributes to team meetings  Competency pack filed & complete (please list below, see policy section 8.1.6 for information)  Attends relevant CPD events (if appropriate)  Has regular Caseload Management (if appropriate) |  | Has regular Practice Supervision (if appropriate)  Additional competencies completed (please list below – see policy section 8.1.6 for information)  Aware of key policies for area  Has regular line management  Essential training identified for role |  |
| **Additional information** | | | |
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| **SECTION FIVE** | | | |
| **Agreement and sign off** | | | |
| This document is an accurate account of the appraisal meeting and conducted in accordance with LSW policy.  Your manager’s printed name………………………………………………………………………  Your manager’s signature……………………………………….. Date …………………………  Your printed name……………………………………………………………………………………  Your signature.……………………………………………………. Date…………………………. | | | |

Appraiser’s action: Enter a copy of this appraisal onto ESR Self Serve or email/post the Personal Development needs to: [Livewell.PTD@nhs.net](mailto:Livewell.PTD@nhs.net), or Professional Training & Development, 2nd Floor Beauchamp Centre, Mount Gould Hospital.

A copy should be filed on the employee’s file and a copy given to the employee.

*If you would like to comment on this form please email* [*livewell.hr-livewell@nhs.ne*](mailto:livewell.hr-livewell@nhs.ney)*t. Comments will be collated and considered prior to next review.*

**Your Development Needs**

Please email/post this form to: Professional Training & Development, 2nd Floor Beauchamp Centre, Mount Gould Hospital. [Livewell.PTD@nhs.net](mailto:Livewell.PTD@nhs.net)

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| **Your name:** |  | **Work base:** |  | **Job title:** |  |

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| **What is your developmental need?** *Why is it important?* | **What support do you need? How will it be carried out?** *e.g. course / e-learning / shadowing / reflective supervision / protected time / other resources. Is funding required?* | **Expected completion date** |
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*Continue on additional sheet if required.*

Your appraisal date: ……………………………………………………. Your signature: ………………………………………………………

Your manager’s name: …………………………………………………. Your manager’s signature: ………………..………………............

1. “a physical or mental impairment that has a substantial and long term effect on a person’s ability to carry out normal day to day activities”. “Long term” means likely to last at least 12 months or likely to last for the rest of the person’s life, or likely to recur. (Such as secondary employment, incl, NHSP, and conflicts of interests – acceptance of gits/hospitality policy). [↑](#footnote-ref-1)