Logo

Description automatically generated

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| **Probationary Performance Review 25 weeks** |

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| PERSONAL DETAILS | | | |
| Department |  | Last Name |  |
| Location/ Unit/ Dept Name |  | First Name |  |
| Employee Number |  | Title |  |
| Position |  | Start Date | Click here to enter a date. |

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| MANDATORY TRAINING ACTIVITY | Date Scheduled | Date Completed | Signed off by line Manager as complete | | Documents sent to: | |
|  |  |  | Initials | Comments | HR | TAM |
| Foundation | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Safeguarding | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Fire Awareness | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Induction Checklist | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| DSE Form | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Awareness of relevant risk assessments | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Health & Safety Induction  Checklist | Click here to enter a date. | Click here to enter a date. |  |  |  |  |
| Job Specific: | please specify eg. day care shadowing, food hygiene, manual handling, training in conducting risk assessments, child safeguarding, ITC | | | | | |
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WORK ASSESSMENT –

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| --- | --- |
| Probation Review Type | 25 WEEKS |

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| --- | --- | --- | --- | --- | --- |
| Core Work Activity  Progress Since Starting/ | Progress since starting/last review | Targets for next weeks | Actions Required Including Any Off The Job Training Needs | By Who | By When |
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| PROBATION REVIEW DETAILS | | | |
| Date of Review | Click here to enter a date. | Probation Review Type | 25 Weeks |

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| REVIEW SUMMARY | | |
| KEY AREAS | PROGRESS | COMMENT |
| Team Contribution |  |  |
| Personal Conduct & Attitude |  |  |
| Job Performance |  |  |
| Attendance |  |  |

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| --- | --- | --- | --- |
| Employment Confirmed | YES | PDR Completed | YES  NO |
| Employment to Terminate | YES | Final Meeting Arranged | YES  NO |

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| AUTHORISATION | | | | |
|  | Signed | Print Name | Job Title | Date |
| Employee |  |  |  | Click here to enter a date. |
| Manager |  |  |  | Click here to enter a date. |
| PLEASE RETURN THE COMPLETED FORM TO YOUR HUMAN RESOURCES DEPARTMENT | | | | |

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| FOR HR USE ONLY | | | | | |
| HR Signed |  | Print Name |  | Date | Click here to enter a date. |