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| Probationary Performance Review 4,8,13 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 |  |

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| Core Work ActivityProgress 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 |  |

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

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| Employment to Continue | YES [ ]   | Employment to Terminate | YES [ ]   |
| Date of next Review | Click here to enter a date. | Final Review Meeting Arranged | Click here to enter a date. |

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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. |