



## STAFF REVIEW FORM

**Name:**

**Job title:**

**Department:**

**Date:**

### Review of Job-Related Objectives

Current objectives are:

1)

2)

3)

4)

a) Completed objectives

b) Progress on objectives that haven't been completed (include any challenges, or special circumstances).

**Review of Learning and Development Plan – review progress against development objectives and any training attended**

**Support provided to you – by line manager**

**Any other comments**

**Performance standard:**

*\*As part of the review process, you may be asked to provide additional evidence to support the performance standard.*



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### Objectives and Learning and Development Plan for next period

#### **Job related objectives for the next period (SMART)**

(Align these with the business objectives for the department/team and the requirements of the role)

#### **Learning and Development Plan:**

- list the competencies required
- agree learning and development objectives
- identify any training required

### APPROVALS

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#### **Staff member**

Name:

Signature:

Date:

Comments:

#### **Line Manager**

Name:

Signature:

Date:

Comments:

#### **Department Manager**

Name:

Signature:

Date:

Comments:

*Should your line manager change following the completion of this form a copy may be provided to your new line manager.*