# PROBATIONARY PERIOD SECOND FORMAL REVIEW

**Probationary Period Second Formal Review**

This form should be used prior to the end of the 6-month period (or before for fixed term employees). You will indicate at the end of the form whether or not you confirm the employee’s appointment and end the probation period, extend the probation period in the event of further development or recommend the termination of the employee’s employment in the event of significant shortfalls in conduct, capability, standards or attendance. In the event of a recommendation of probation extension or dismissal the employee should be informed of your intentions during the final review meeting. Both the line manager and the employee should meet to discuss progress and both should be involved in the completion of this form through discussion at the meeting. Once completed a copy should be given to the employee and a copy placed on the employee’s personnel file.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  | **Date of Appointment:** |  |  |
|  |  |  |  |  |  |  |
| **Job Title:** |  |  |  | **Line Manager:** |  |  |
|  |  |  |  |  |  |  |
| **Department:** |  |  |  | **Employee No:** |  |  |

|  |  |  |
| --- | --- | --- |
| **1. Induction and Compulsory Training** | **Tick if****YES** | **Tick if****NO** |
|  |  |  |
| Has the relevant compulsory training been completed including Trust Induction? | **[ ]**  | **[ ]**  |
|  |  |  |
| Has local departmental induction been completed and the Local Induction Checklist return slip sent to Training and Learning? | **[ ]**  | **[ ]**  |
|  |
| Are there any training/induction concerns on the employees part (if so describe): |
|  |
|  |
|  |
| If there are any outstanding training issues how these will be met. |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **2. Demonstrating Trust Values**   | **Tick if****ACHIEVED** | **Tick if****IMPROVEMENT NEEDED** |
|  |  |  |
| Teamwork | **[ ]**  | **[ ]**  |
|  |  |  |
| Honesty | **[ ]**  | **[ ]**  |
|  |  |  |
| Respect  | **[ ]**  | **[ ]**  |
|  |  |  |
| Inclusivity | **[ ]**  | **[ ]**  |
|  |  |  |
| Valuing People | **[ ]**  | **[ ]**  |
|  |  |  |
| Excellence | **[ ]**  | **[ ]**  |
|  |  |  |
| **Are there any areas of concern? If yes, please describe them:** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **3. Doing The job**   | **Tick if****ACHIEVED** | **Tick if****IMPROVEMENT NEEDED** |
|  |  |  |
| Meeting my objectives | **[ ]**  | **[ ]**  |
|  |  |  |
| Performing against my role requirements (job description) | **[ ]**  | **[ ]**  |
| Comments: What I have done well and where I need improvement |
|  |
|  |
| **Are there any concerns regarding the employee’s attendance and/or punctuality?** | **Tick if****YES [ ]**  | **Tick if****NO [ ]**  |
|  |
| If yes, please state concern: |
|  |
|  |
|  |
| 1. **Further Issues**
 |
|  |
| If there were improvement targets, what progress has been made against these since the last review? |
|  |
|  |
| Is progress sufficient or not? | **Tick if****YES [ ]**  | **Tick if****NO [ ]**  |
|  |  |  |
| **Are there any shortcomings in this area serious enough to prevent confirmation of permanent employment at this stage?**  | **YES [ ]**  | **NO [ ]**  |
|  |
| Details of any issues or concerns raised since the last probation review concerning their employment including actions required or taken: |
|  |
|  |
|  |  |  |
| **5. Can the Probationary Period be considered as having been successfully completed?** | **Tick if****YES** **[ ]**  | **Tick if****NO** **[ ]**  |
|  |
| **6. Recommendations following Final Review** | **Tick if****YES** | **Tick if****NO** |
|  |  |  |
| The probation period has now been completed and the employee can be substantively confirmed in their post | **[ ]**  | **[ ]**  |
|  |  |  |
| There are still areas for development and the probation period will need to be extended for at least another \_\_\_\_\_\_\_\_ weeks when another review meeting will be held. | **[ ]**  | **[ ]**  |
|  |  |  |
| The probation period has not been completed satisfactorily and there are serious concerns that need to be heard at a Probation Hearing | **[ ]**  | **[ ]**  |
|  |  |  |
| This is not a probationary review due to the employee’s length of continuous service; the employee needs to be managed under the Trust’s performance management/capability policy | **[ ]**  | **[ ]**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Manager’s Signature:** |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |
| **Manager’s Name:** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee’s Signature:** |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |
| **Employee’s Name:** |  |  |

*In the event that there are any serious disagreements about the completion of this form, they should be noted below (continue on a separate sheet):*