**Performance and Development Appraisal Form**

Please see the separate Public Health guidance document for support on completing this form. In addition, general (corporate) guidance can be found within the Employment Manual ([Performance and Development Appraisal Guidance](https://www.lincolnshire.gov.uk/jobs/manuals/employment-manual/employee-appraisal-and-development/appraisal-policy-and-procedure?tab=downloads)).

Please note that the Performance and Development Appraisal e-learning on Lincs2Learn is mandatory ('must do') for appraisers. The Performance and Development Appraisal e-learning on Lincs2Learn for appraisees is 'best practice' training. Please refer to the [Learning and Development Policy](https://www.lincolnshire.gov.uk/jobs/manuals/employment-manual/employee-appraisal-and-development/learning-and-development-policy/58502.article) for 'must do' and 'best practice' training.

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| **1) Appraisal Details** |
| Name: |  | Position: |  | Initial meeting date: |  | Review period from: |  | To: |  |
| **2) Objectives** |
| **Your Objectives (the 'what')****Please add SMART objectives below** | **Results achieved & impact****Please give example(s) based on evidence and include any mitigating factors** | **Links to which PHSKF function (as applicable)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(See Public Health internal guidance document) | **Rating score (+optional weighting)** |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
|  |  |  | *Average Score:*Click here to enter text.  |

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| **3) Core Values and Behaviours** (Please refer to the Core Values and Behaviour Framework within the Employment Manual for detailed guidance) |
| **Core Values and Behaviours (the 'how')** | **Demonstrated by*****Please give example(s) below based on evidence*** | **Rating** |
| *Leading and Developing People* | Click here to enter text. | Click here to enter text. |
| *Be Future Focussed and Drive Positive Change* | Click here to enter text. | Click here to enter text. |
| *Political and Commercial Focus* | Click here to enter text. | Click here to enter text. |
| *Consistently Deliver Results* | Click here to enter text. | Click here to enter text. |
| *Building Relationships and Influencing Others* | Click here to enter text. | Click here to enter text. |
| *Grow Yourself* | Click here to enter text. | Click here to enter text. |
|  |  | *Average score:*Click here to enter text. |

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| **4) Personal and Professional Development Plan** |
| **Strengths**(Please give consideration to the Core Values and Behaviours) | **Career Aspiration**(Potential opportunities and longer-term aspirations incl. mobility within the county) |
| Click here to enter text. | Click here to enter text. |
| **Personal Development Plan** (for the next 12 months)(Utilise strengths and address development needs for current role, as well as consider development for future roles and growth) |
| **Areas to Develop** | **How development will be achieved** e.g. on the job, through and with others, learning and development | **Links to which PHSKF function (as applicable)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(See Public Health internal guidance document) | **By When** | **Comments** |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |

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| **5) Rating Scale** |
| **Outstanding Performer (5) Highly Accomplished Performer (4) Successful Performer (3) Inconsistent Performer (2) Low Performer (1)** |
| **Objectives**Tick one box | **Values and Behaviours** Tick one box | **Overall rating**Tick one box |
| Outstanding performer (5)Highly accomplished performer (4)Successful performer (3)Inconsistent performer (2)Low performer (1) | [ ] [ ] [ ] [ ] [ ]  | Outstanding performer (5)Highly accomplished performer (4)Successful performer (3)Inconsistent performer (2)Low performer (1) | [ ] [ ] [ ] [ ] [ ]  | Outstanding performer (5)Highly accomplished performer (4)Successful performer (3)Inconsistent performer (2)Low performer (1) | [ ] [ ] [ ] [ ] [ ]  |

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| **6) Revalidation for Registered Nurses & Midwives**Only complete this section if revalidation is required in order for you to maintain registration with the Nursing and Midwifery Council (NMC) and if you do not hold any other professional registrations.*For more information see the Revalidation Policy for Registered Nurses & Midwives* *on George (see corporate/Policies & Manuals* | **Requirement** | **Action** | **Comment** | **Notes** |
| **Revalidation Date:** | *Insert Date* | *If the appraisal date is not at least 90 days prior to renewal date then please provide reasons and actions taken to ensure timely revalidation application* | It is recommended the Nurse/Midwife registrant have their annual appraisal at least 3 months (90 days) prior to their renewal date. Therefore, appraisal schedules for NMC registered staff within LCC will need to be aligned to individual revalidation dates |
| **Appraisal Meeting Date:** | *Insert Date* |
| **Annual revalidation progress discussion**  | *Please complete (ANNUALLY)* | *Please complete* | Include details such as progression on CPD and practice hours. |

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| **7) Appraisal Summary** |
| Do you need any additional support or equipment to be able to perform your role effectively? (ICT, flexible working, reasonable adjustments) |
| Click here to enter text. |
| **Manager Summary** |
| *Please add summary from 6 month review* Click here to enter text. | *Please add summary from final review*Click here to enter text. |
| **Employee Summary** |
| *Please add summary from 6 month review* Click here to enter text. | *Please add summary from final review*Click here to enter text. |
| **Appraiser's Manager Summary** |
| *Please add summary from 6 month review* Click here to enter text. | *Please add summary from final review*Click here to enter text. |
| Initial meeting signatures | Dates | 6 month review signatures | Dates | Final review signatures | Dates |
| (Appraiser): |  | (Appraiser): |  | (Appraiser): |  |
| (Appraisee): |  | (Appraisee): |  | (Appraisee): |  |
| (Appraiser's Manager): |  | (Appraiser's Manager): |  | (Appraiser's Manager): |  |