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| Annual Review Form |
| **Guidance** |
| This form should be sent to the Reviewee in advance of the Annual Review meeting and used as a template for self-assessment and preparation. The Reviewee should send their partially completed form back to the reviewer prior to the meeting. The form should be completed by the Reviewer following the Annual Review meeting then signed at section 3 by both parties (Reviewer and Reviewee) and then counter-signed by the next line manager. The reviewee (employee) should then record the completion of their annual review in People and Money, following the guidance ‘How to record your annual review’. Alternatively your manager can do this on your behalf.You no longer need to physically sign HR forms as long as you submit them via email from your University of Edinburgh email account. Please refer to the HR A-Z Forms Page for more information. If you require this document in an alternative format, such as large print or a coloured background, please contact HR via email hrhelpline@ed.ac.uk.**Please do not remove any sections of the form that you may not require.** |
| **SECTION 1: REVIEWEE DETAILS**  |
| Employee Name: |  |
| Assignment Number: |  |
| Job Title: |  |
| Department/School: |  |
| Line Manager or Name of Reviewer: |  |
| Job Title of Reviewer: |  |
| Date of Review Meeting (dd/mm/yyyy): |  |
| Period covered by review: |  |
| **Supporting Documentation**List any supporting documentation being provided for the Annual Review meeting (e.g. CV, Job Description, CPD/personal development records, publication list, student/other feedback). |
|  Supporting documentation: |  |

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| **SECTION 2: ASSESSMENT AGAINST PREVIOUS YEARS’ OBJECTIVES AND OTHER ACHIEVEMENTS**Progress against agreed objectives – including any development objectives - and any other significant objectives or achievements in the last year. Including evidence of success or development in relation to the Behaviours Charter and comments on any issues or obstacles which many have impeded progress? |
| 1. Objective |  |
| Progress |  |
| 2. Objective  |  |
| Progress |  |
| 3. Objective  |  |
| Progress |  |
| 4. Objective |  |
| Progress |  |
| 5. Objective |  |
| Progress |  |
| 6. Other achievements, with Evidence of success and comments |  |
| **SECTION 3: SUMMARY OF DEVELOPMENT IN PAST YEAR** Assessment of professional/personal development in the past year, how this was achieved and how it has contributed to job performance, other than where covered in sections 1 or 2 above.  |
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| **SECTION 4: OBJECTIVES FOR FORTHCOMING YEAR** SMART (Specific, Measurable, Agreed/Achievable, Relevant/Realistic, Time-bound) objectives - to be agreed during the Annual Review meeting and completed by Reviewee/Reviewer during/following the meeting. |
| **SMART objectives** | **Agreed Start Date and Target Completion Date** |
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| **SECTION 5: Summary of career aspirations, future plans and personal/professional development needs for forth coming year**Complete both tables below to summarise career aspirations, future plans and details of agreed training/development requirements in order to achieve agreed objectives or longer-term plans. To be agreed during the Annual Review meeting and completed by Reviewee/Reviewer during/following the meeting.  |
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| **Learning and Development Need** | **Type of development** | **Timescales** | **Who is responsible?** | **Further comments** |
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| **SECTION 6: SUMMARY** Overall assessment of performance and development in relation to the reviewee’s role and objectives and School/service/unit goals. |
| Reviewer – to be completed by Reviewer following the review meeting: |
| James |
| Reviewee–to be completed by Reviewee following the meeting: |
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| **Final Sign off:** To be completed by Reviewee and Reviewer once the review meeting has taken place and the form has been completed. The Reviewer should then pass the form to the identified senior line manager for final sign off. |
| Employee’s Signature: |  |
| Date (dd/mm/yyyy): |  |
| Please indicate yes or no to confirm that the annual review completion has been recorded in People and Money. If you are unable to do this your manager should complete on your behalf. | Yes / No (delete as appropriate) |
| Line Manager’s Signature: |  |
| Date (dd/mm/yyyy): |  |
| Senior Manager’s Signature: |  |
| Date (dd/mm/yyyy) |  |