

Performance Appraisal

Employee Name:		Current Post	
Current Post:		Number of years in post:	
Line Manager:		Date of EDPA Interview:	

Section 1: Objectives and Achievements – previous 12 months

Objective 1	
	Exceeded objective <input type="checkbox"/> Met objective <input type="checkbox"/> Objective partially met <input type="checkbox"/> Objective not met <input type="checkbox"/>
Objective 2	
	Exceeded objective <input type="checkbox"/> Met objective <input type="checkbox"/> Objective partially met <input type="checkbox"/> Objective not met <input type="checkbox"/>
Objective 3	
	Exceeded objective <input type="checkbox"/> Met objective <input type="checkbox"/> Objective partially met <input type="checkbox"/> Objective not met <input type="checkbox"/>
Objective 4	
	Exceeded objective <input type="checkbox"/> Met objective <input type="checkbox"/> Objective partially met <input type="checkbox"/> Objective not met <input type="checkbox"/>

Performance Objectives – Next 12 Months

Objective 1		
Objective 2		
Objective 3		
Objective 4		
Employee has current Job Description, which has been discussed and reviewed <input type="checkbox"/>	Objectives linked to Corporate Plan, Service Business Plan and Service Performance Indicators? <input type="checkbox"/>	Values and Behaviours at Lancaster City Council have been discussed <input type="checkbox"/>

Section 2: Health and Safety

Has the employee’s Health and Safety Risk Assessment been reviewed? <input type="checkbox"/>
<i>If any specific issues/actions/resources/training needs arise from employees Health and Safety Risk Assessment please give detail:</i>
Have you discussed the H & S management and employee responsibilities with the employee <input type="checkbox"/>
<i>Please refer to “Specific H & S Responsibilities” available with EDPA paperwork on ELSIE.</i>
Does the employee have any nominated person duties? E.g., Fire Warden, First Aider or DSE Assessor? <input type="checkbox"/>
<i>If yes, please specify what nominated duties apply and if any specific issues/actions/resources/training needs are required from the employees duties acting as a nominated person</i>

Section 3a: Mandatory Training

Please confirm that the employee has completed the essential training required and has kept their knowledge up to date by completing refresher training as and when required.					
Office Based Worker			Non Office based Worker (no access to PC)		
Course Name	Complete and current		Course Name	Complete and current	
Manual Handling (LZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Manual Handling (F2F)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Data Protection Awareness (LZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Safeguarding Awareness (CSE) (Booklet)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Information Governance (LZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Safeguarding (Child Protection) (LZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Safeguarding Adults (LZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Section 3b: Corporate and Service Training Development Needs:

Development Need/s	Priority <i>(Low, Medium or High?)</i>	Method <i>(eg course, mentoring, coaching, working groups, networking etc)</i>	Date Required By?	Provided By? <i>(If known)</i>	Budget <i>(Service, Corporate or Internal Delivery)</i>

Section 3c: Training and/or development activities undertaken in the past year

Activities Undertaken	Date	What has the member of staff gained from their training and/or development activities and how do they intend to use these new skills?

Section 4: Overall Assessment of Performance and engagement

This should not be considered until all factors above have been discussed, assessed and agreed; they should then be used as the basis for deciding the overall assessment, but this should not be to the exclusion of other relevant factors.

Appraiser's comments
Employee's comments

These notes have been agreed by both of us as a record of our Employee Development & Performance Appraisal meeting:

Employee	Signed:		Print Name:		Date:	
Manager	Signed:		Print Name:		Date:	
Our next review date will be:						

Once completed and signed by both parties, one copy must be retained by the manager, one by the employee and one copy sent to Learning and Development by the manager via email (preferred method): learninganddevelopment@lancaster.gov.uk or internal mail if necessary to the HR Office, Lancaster Town Hall.