

**Annual Staff Appraisal**

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| **Staff Member Name:** |  |
| **Staff Member Role:** |  |
| **Name of person conducting appraisal:** |  |
| **Role:** |  |
| **Date of Appraisal:** |  |

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| 1. **GENERAL REVIEW**

*(to be completed in advance by line manager / person conducting the appraisal)* |
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| 1. **REVIEWING THE PAST YEAR**
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| Employee’s comments | Employer’s comments |
| **What have been your main areas of work activity over the past year?**  |
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| **What were you able to achieve?** |
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| **What were you unable to achieve?** |
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| **What over the year have you found challenging?** |
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| **What over the past year do you feel went well, or were you proud of?** |
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| **What over the past year do you think has changed, in terms of workload or the type of work you are doing?** |
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| 1. **WORKING EXPERIENCE**
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| **What can we do to make your job more enjoyable?** |
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| **What can we do to improve our manager-employee communication?** |
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| **What types of recognition are most meaningful to you?**  |
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| **How/when do you do your best work?** |
|  |  |
| **What are your ideal working conditions for you to be most productive?** |
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| **What are your biggest obstacles to getting your work done?** |
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| **What tools, technology or training would make your job easier?** |
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| **What do you appreciate most about working with CHWA?** |
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| **How well supported do you feel working for CHWA?** |
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| 1. **ADDITIONAL THINGS TO DISCUSS**
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| **Is there anything you need to raise/discuss today, that hasn’t been covered in the questions above?** |
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| 1. **SETTING GOALS FOR THE YEAR AHEAD**
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| *(To discuss together)* **What projects or activities will you be working on over the coming year?** |
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| **What are the key dates around these pieces of work?** |
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| **Where are likely to be the points of increased intensity of workload over the next year?** |
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| **What support or collaboration will be needed from the rest of the CHWA team?** |
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| **What support might be needed from CHWA’s trustees?** |
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| **What is the outcome for the next year’s work – what are some tangible aims that you want to have achieved by this time next year**  |
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**END OF QUESTIONS**

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| **Signed by line manager / person conducting appraisal:** |  |
| **Date:** |  |