**PARISH/PCC NAME**

**EMPLOYEE PERFORMANCE APPRAISAL**

**Appraisee**: Please complete the white sections in preparation for the meeting.

**Appraiser**: Please complete all yellow sections as part of the discussion at the meeting.

**Both**: Please bring a copy of the Job Description with you to the meeting to help guide the conversation at Section 1, Q4.

**Section 1 - Role Overview and Yearly Review**

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| Name |  |
| Position |  |
| Appraisal date, time and venue |  |
| Line Manager (Appraiser) |  |

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| **1) Please use this scale to score your overall assessment of your job satisfaction/wellbeing/morale taking into account things like health and work/life balance and explain your reason for this score.**  (to be completed before the annual meeting) | | | | | |
| 1 (Very Poor) | 2 | 3 (OK) | | 4 | 5 (Very Good) |
| Please explain your reason:  Is there anything we can do to help? | | | Actions agreed at the meeting: | | |

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| **2) Your role is to support the PARISH/PCC/CHURCH. What do you consider to be your most important achievements/successes in this regard during the past year?** (to be completed before the annual meeting) |
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| **3) What challenges/frustrations have you faced in fulfilling your role and what do you feel you have learnt for the future as a result?** (to be completed before the annual meeting) |
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| **4) Does your Job Description accurately reflect your current role?** (to be completed before the annual meeting) | | YES/NO |
| Are there any actions or changes required? | Actions agreed at the meeting: | |

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| **1) Review of Last Year’s Objectives** *(Not applicable to new employee/first appraisal)* | | |
| **Objective**  (copy in last year’s objectives) | **Appraisee Comments**  (to be completed before the annual meeting) | **Appraiser Comments**  (to be completed at the annual meeting) |
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**Section 2 - Objectives**

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| **2) Setting This Year’s Objectives**  Objectives should be SMART (Specific, Measurable, Achievable, Realistic, Timely) written so that they specify a measurable outcome, that is achievable and relevant to your post, and with a target completion date to help you assess how things are progressing. Identify at least two but no more than five. | | | | |
| **Objective**  (to be agreed at the annual meeting) | **Required Outcomes/Impact**  (optional) | **Key actions**  (optional) | **Timescale for completion** | **Progress at 6 months**  (to be completed at the 6-month review meeting only) |
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**Section 3: Training, Learning and Development**

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| 1) Review of Learning and Development (to be completed before the annual meeting)What Learning & Development have you undertaken in the past year?  * How was it useful? * Did it meet your needs? * How has it been applied to your role/personal development? * Was there any training/development, agreed at the last appraisal, which you have not received? |
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| **2) What training and development has been identified to support you in your role for the coming year?** | | |
| **Training/development need** | **How might this be met?** | **Desired outcome/timeframes** |
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| **3) Career Development** (to be completed before the annual meeting) | |
| **What would you like to achieve personally in your working life (and include outside of work if you wish) in the next 5 years?** |  |
| **What support, training and experience would you like to help you work towards achieving this?** |  |
| **Agreed actions during the next 12 months.** |  |

**Section 4: General Comments**

**Annual Appraisal:**

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| **Is there anything else you wish to say that is not covered anywhere else in this appraisal?** (to be completed before the annual meeting) |
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| **Are there any matters arising out of the appraisal which requires separate discussion?** (to be agreed at the annual meeting) |
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| **Line Manager’s comments/summary following annual review** |
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**6-Month Review Meeting:**

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| **Comments and discussion notes from the 6-monthly review meeting**  (to be completed at the 6-month review meeting) |
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| **Line Manager’s comments/summary following 6-monthly review** |
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**Signature and Comments from SENIOR PERSON NAME:**

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| **Annual Appraisal** | **6-Month Review** |
| Appraisee:  Name or Signature: Date: | Appraisee:  Name or Signature: Date: |
| Appraiser:  Name or Signature: Date: | Appraiser:  Name or Signature: Date: |
| Diocesan Secretary’s Comments:  Name or Signature: Date: | Diocesan Secretary’s Comments:  Name or Signature: Date: |