**SCHOOL OF INFORMATICS**

**Annual Appraisal Form for Professional Services Staff**

The contents of this form are confidential to the appraisee, appraiser and to the appraiser’s line manager, unless agreed otherwise with the appraisee. The Director of Professional Services also has sight of completed appraisal forms to monitor trends.

**Part A Taking Stock** – to review the past year’s achievements

**Part B Compulsory Training** – to reflect on when modules were last completed

**Part C Planning Ahead** – to develop plans for the future

**Part D Outcomes** – summarising the discussion

**The Appraisal Process**

* **The appraisee** should complete parts A, B and C of this form (bullet points are fine) and pass to your nominated appraiser **one week** before your meeting.
* At the meeting it should be agreed who will complete Part D.
* After the meeting, **the appraisee** will have an opportunity to update parts A, B and C in the light of discussions and agreed actions.
* Once Part D has been completed and signed by both the appraiser and appraisee, the appraiser should pass to their line manager for signature who should then pass to InfHR who will file and make available to the Director of Professional Services.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of appraisal:** |  |
| **Appraiser’s name:** |  |

|  |
| --- |
| **PART A TAKING STOCK** |
| 1. Summarise the main goals/targets on which you have focused during the past year, including actions and goals agreed at your last appraisal. Start with the bigger areas of work/goals first.

Identify areas where you have not achieved what you intended or expected. Include details of any situations which have may have hindered your progress and ideas on what could be done to improve this in the future. |
|  |
| 1. Indicate the main areas in which you have personally developed over the past few years and how this has benefited you, including participation in training and new areas of work that have developed your skills.
 |
|  |

|  |
| --- |
| **PART B COMPULSORY TRAINING** |
| 1. Indicate when you last completed the following mandatory training modules.

*This training should be completed every two years, as the content can be updated periodically.* |
|  | **Date last completed** |
| 1. **Equality & Diversity Essentials**

<https://www.ed.ac.uk/equality-diversity/training/modules>  |  |
| 1. **Unconscious Bias**

<https://www.ed.ac.uk/equality-diversity/training/modules>  |  |
| 1. **Information Security Essentials**

<https://www.ed.ac.uk/infosec/training> (refer ‘Essential training’ |  |
| 1. **Data Protection**

<https://www.ed.ac.uk/data-protection/training-events>  |  |
| *Academics conducting research and research support staff must also complete the additional module:*1. **Data Protection for Research**

<https://www.ed.ac.uk/data-protection/training-events>  |  |
|  |
| **PART C PLANNING AHEAD** |
| 1. List areas of your work that you would like to develop or focus on in the coming year.
 |
|  |
| 1. Consider your longer-term career development, and any training, development, or involvement in other areas of the School, that you might need to help achieve your goals.
 |
|  |
| 1. Identify anything else that should be noted here for discussion, because it may have an input on your work, career or future professional development/training.
 |
|  |

|  |
| --- |
| **PART D OUTCOMES** |
| **Full name:** |  | **Date of review** |  |

|  |
| --- |
| **Summarise the activities, goals, aims and targets for the next year.** |
| Work Related Objective | Action(s) to achieve | Target date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Professional Development Objective | How to be addressed | Target date |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Summarise any other relevant points not covered elsewhere.** |
|  |

|  |
| --- |
| **Comments, if any, by appraisee:** |
|  |

|  |
| --- |
| **Comments, if any, by appraiser:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of appraisee:** |  | Date: |  |
| **Signature of appraiser:** |  | Date: |  |
| **Signature of appraiser’s line manager or DoPS** |  | Date: |  |