



Any other comments:

Induction & Training

Is the staff member satisfied with the Induction process to date?

Yes

No

Note any actions agreed:

Has an agreed training plan been implemented?

Yes

No

Note any actions agreed:

Has the training received to date been satisfactory?

Yes

No

Note any actions agreed:

Performance

Has the staff member displayed a satisfactory understanding of all the duties assigned to date?

Yes

No

Note any actions agreed:

Please tick as appropriate in relation to the performance and behaviour of the staff member in line with their objectives.

Exceeding requirements

Meeting requirements



	Not yet meeting requirements*
	*Please provide details below if not yet meeting requirements:
Have the job expectations of the staff member been met?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please comment:
Note any actions agreed:	

Attendance

Has attendance to date been satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/> No. of Absences: Certified () Uncertified () Other: () Please comment:
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Declaration

We confirm that the above probation review meeting has taken place and that we have agreed the action plans as indicated.

Signed: <i>Staff Member</i>	Date:
Signed: <i>Line Manager</i>	Date:



Recommendation

N.B. Only for completion following Final Review Meeting

Following completion of the above Final Probation Review meeting, in accordance with University of Galway procedures, I wish to recommend that:

The appointment of the above named should be **confirmed**

The appointment of the above named should be **terminated**

The appointment of the above named should be **extended**

If extending specify length of extension date and specific reasons for extension:

Signed:
Line Manager

Date:

For HR Use Only: -

I have reviewed the file and I am satisfied I am not satisfied that University of Galway Probation Procedures have been followed and that the recommendation of the Line Manager is justified and supported by appropriate evidence.

I approve I do not approve the above recommendation

Signed: _____

Title:

HR Office

Date:

Following the mid-term review and then the final review please send all Probation Assessment Forms to probationforms@universityofgalway.ie