

 $\frac{Ollscoil NAGAILLIMHE}{UNIVERSITY OF GALWAY}$

Probation Assessment Form

Staff Member	
ID Number	
Job Title	
Unit/School/Discipline	
Date of Commencement	
Date of Review	

Please tick as appropriate:

Objective Setting	Mid Term Review	□ Final Review
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Setting Objectives

If this is the first meeting, please only complete this section.

Section Guide Notes:

This section should be drafted in line with the job description for the role.

Objective	Actions to Prog Objectives	ress	Timelines for Completion
What obstacles or issues do you prevent you from achieving you		How will yo	ou overcome these obstacles?



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	Exceeding requirements	
member in line with their objectives.	Meeting requirements	



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	Not yet meeting requirements*
	*Please provide details below if not yet meeting requirements:
Have the job expectations of the staff member been met?	Yes 🗌 No 🗆
	Please comment:
Note any actions agreed:	

Attendance	
Has attendance to date been satisfactory?	Yes D No No No. of Absences:
	Certified () Uncertified () Other: ()
	Please comment:

Declaration We confirm that the above probation review meeting has the action plans as indicated.	as taken place and that we have agreed
Signed: Staff Member	Date:
Signed:	Date:
Line Manager	



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Recomm N.B. Only for completion following Final Review N	endation <i>Ieeting</i>		
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 a	onfirmed 🗌		
The appointment of the above named should be t	erminated 🗌		
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 \Box I am not satisfied \Box 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 <u>probationforms@universityofgalway.ie</u>