

Name of employee

PROFESSIONAL SERVICES

FORM

Job Title	
Department	
Evaluative	
What were your objectives la	st year and how have you met these?
If not, what were the barriers	and how could these be resolved?

Are there any areas of good practice to share?
Looking forward and link to strategic plan
What will your proposed objectives be for the coming year? Your manager will discuss these with you.
Within your team, what will you focus on?

nat are your plans for career development?	
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Training Needs Analysis

What do you see as your local professional development needs for the coming year? Please state whether the training will be required at a Departmental level for the employee or team or whether its					
university level training which is organised through People Services. Also please check that your compulsory training is up to date: GDPR, E&D, MH, H&S Cyber Security etc.					
ase list any training required below: Department level or University wide (D or U)					

Manager's Sum	mary (including agreed object	tives)	
Colleague com	ments		
J			
Verification of sign	off		
Colleague			
Mana			
Manager			

Additional Comments

If you have any additional comments or information that you were unable to fit in other sections, please include them below.