

AANZHPBA PFET PERFORMANCE MANAGEMENT REVIEW FORM

Return completed form to the AANZHPBA Executive Officer via email: info@aanzhpba.com

| Trainee name: | | | PFET Year: | 1 | 2 | | | |
|------------------------------|---|---|-------------|---|-----------|--|--|--|
| Current post: | | | Supervisor: | | | | | |
| Review date: | | | | | | | | |
| Probationary month (circle:) | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 (final) | | | |

Progress

| Objective | | |
|----------------|--|--|
| Progress | | |
| Further action | | |



| Objective |
|----------------|
| Progress |
| Further action |
| Objective |
| Progress |
| Further action |
| Objective |
| Progress |
| Further action |



| Additional comments | | | | | | |
|--|-----|----|--|--|--|--|
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| Final review only | | | | | | |
| | _ | | | | | |
| End of probation 360° review completed | Yes | No | | | | |
| All identified performance deficiencies have | Yes | No | | | | |
| been satisfactorily addressed | | | | | | |
| | | | | | | |
| Supervisor | | | | | | |
| | | | | | | |
| Signature Date: | | | | | | |
| | | | | | | |
| Trainee declaration | | | | | | |
| I agree with this performance assessment. | | | | | | |
| | | | | | | |
| Signature: Date: Date: | | | | | | |