**Hospitality & Events**

**Performance and Development Review Preparation Form**

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| **Employee:** | | | | | | | | | | | | | | |
| **SECTION ONE – SUMMARY OF PAST YEAR** | | | | | | | | | | | | | | |
| **A. SELF ASSESSMENT** | | | | | | | | | | | | | | |
| 1. Overall, how do you feel the past year has gone? | | | | | | | | | | | | | | |
|  | Excellent |  | Very Well |  | Well | |  | Satisfactory | |  | Not Well | |  | Poor |
| **What has gone well?** | | | | | | | | | | | | | | |
| **What hasn’t gone so well?** | | | | | | | | | | | | | | |
| **Outline Feedback and Recognition (individual or team):** | | | | | | | | | | | | | | |
| **B. REVIEW OF THE YEAR** | | | | | | | | | | | | | | |
| 1. Years Objectives | | | | | | | | | | | | | | |
| **Objective** | | | | | **Exceeded** | **Met** | | | **Part Met** | | | **Not Met** | | |
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| **Outline any factors that influenced the ability to achieve objectives:** | | | | | | | | | | | | | | |
| **Summary of discussion / objectives:** | | | | | | | | | | | | | | |
| **Any further actions / comments:** | | | | | | | | | | | | | | |
| **Reviewer summary of Past Year:** | | | | | | | | | | | | | | |

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| **SECTION TWO – THE COMING YEAR** | | | | | | | | | | | |
| 1. Objectives | | | | | How measured? | | | | | | |
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| 2. Training Identified | | | | | | | | | | | |
| Training | | Type | | | | Notes | | | | Timescales | |
| Comp / H&S | Uni Dev | Personal Dev | |
|  | |  |  |  | |  | | | |  | |
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| **Further Information:** | | | | | | | | | | | |
| **3. Development** | | | | | | | | | | | |
| **Any further development/ career aspirations to discuss?** | | | | | | | | | | | |
| **Next Steps:** | | | | | | | | | | | |
| **Career Development Interview appropriate?** | | | | | | | Yes |  | No | |  |
| Referral By: |  | | | To: | | |  | | | | |
| **Interview/Feedback by: (within next quarter)** | | | |  | | | | | | | |

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| **SECTION THREE – SIGN OFF** | | | | |
| Declaration: | | | | |
| Reviewee: | | | | |
| Reviewer: | | | | |
| Further action required: | Yes |  | No |  |
| By whom: |  | | | |
| Head of Unit: | | | | |
| Further action required: | Yes |  | No |  |
| By whom: |  | | | |