**To be completed by the line manager – a copy should be given to the employee after each review**.

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| --- | --- | --- | --- | --- |
| Employee Name | Employee Number | | | |
| Job Title (trial position) | School/Department (trial position) | | | |
| Trial period – From  To | Trial period Line Manager Name & Job Title | | | |
| 1. List the areas which the trial period will focus on – gaps in skills, knowledge, experience required to meet the essential criteria for the role. Set objectives, be clear about levels of competence required. | | Complete by (date) | | |
|  | |  | | |
| 1. List any training needs to meet the essential criteria for the role and state how these will be met and who is responsible to make any necessary arrangements. | | Complete by (date) | | |
|  | |  | | |
| 1. Reviews - set regular review dates (e.g. weekly. Add more sections below as necessary).   Discuss progress towards (1) and (2) above. Be clear and specific about improvements required.  Note training provided and any further training needs. | | | | |
| Review meeting date | | | Complete by (date) | |
|  | | |  | |
| Review meeting date | | | | Complete by (date) |
|  | | | |  |
| Review meeting date | | | | Complete by (date) |
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| **RECOMMENDATION at the end of the trial period** | | |
| * Confirm appointment - Manager to send scanned copy of form to People & OD Operations. | | |
| * Extend trial period until (date) …………………..…   Agreed by P&OD Partner – Name & signature ……………………………………  Manager must send scanned copy of form to People & OD Operations and complete Extended Trial Period Form B. | | |
| * Unappointable   Manager must send scanned copy of form to Director of People & OD. Provide written explanation of the reasons for this recommendation….. | | |
| * Unsuitable - Employee feels post is unsuitable   Manager must send a scanned copy of form Director of People & OD, and  Employee must submit their reasons in writing to the Director of People & OD. | | |
| Manager’s name | Signature | Date |