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| **PERSONAL DETAILS** |
| **Full name** |  | **Appointment fraction** |  |
| **Employment type** | Choose an item. | **Probation end date***(Leave blank if not applicable)* |  |
| **Total leave balance (Hours)** | Annual: | **Future leave plans (Hours)** |  |
| Long service: |
| Personal: |
| **POSITION DETAILS** |
| **Position title** |  | **Level** |  |
| **Discipline** | Choose an item. |
| **Does your current Position Description accurately reflect your position?** *If there is a significant variance, please consult with your supervisor and the P&C team* |  |

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| **PROFESSIONAL DEVELOPMENT AND GROWTH** |
| **Online training completed in the last 12 month** *(include the course name and if this was mandatory or optional)* |  | **Other professional development or training requirements in the last 12 months***(Provide details)* |  |

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| **REVIEW** |
| *This section is to be used to reflect on the Review period and the progress made towards achieving the goals set.* |
| **PREVIOUS GOALS** *(Use this section to**reflect on goals identified through the last review. Consider success****/****achievements, barriers, support provided/required, effectiveness)* |
| **University Values** How have you demonstrated the University’s Values |  |
| **Achievements**Comment on major achievements in the last year |  |
| **Opportunities**Provide suggestions / solutions around barriers and work improvements to further enhance your performance |  |

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| **FUTURE GOALS** *(Use this section to develop future goals)* |
| **Goals for the upcoming review period** *(consider aligning your goals to the* [**Flinders University 2025 Agenda**](https://www.flinders.edu.au/content/dam/documents/about/strategic-plan/Flinders-University-2025-Agenda.pdf) *or other goals set at CMPH or team level)* | **Goal #1** |
| **Goal #2** |
| **Goal #3** |
| **Goal #4** |

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| **TRAINING NEEDS** |
| *This section will assist the Organisational Development and Diversity Team to understand the training needs of the organisation and provide meaningful input into a Professional Development Calendar for the coming year.* |
| **INTERNAL** *(Use this section to describe training needs and tick appropriate box to indicate type, level and duration of training that best suits your needs)* |
| **Training Need #1** |  |
| **Type of Training**  |[ ]  Accredited & Credentialled  |[ ]  Non-accredited |[ ]  Unsure  |
| **Level of Training** |[ ]  Basic |[ ]  Intermediate |[ ]   |
| **Duration of Training** |[ ]  Half day |[ ]  Full day |[ ]  Other *(please specify above)* |
| **Training Need #2** |  |
| **Type of Training**  |[ ]  Accredited & Credentialled  |[ ]  Non-accredited |[ ]  Unsure  |
| **Level of Training** |[ ]  Basic |[ ]  Intermediate |[ ]   |
| **Duration of Training** |[ ]  Half day |[ ]  Full day |[ ]  Other *(please specify above)* |
| **EXTERNAL** *(Any external courses that may meet your needs)* |
| **Training Need #1** |  |
| **Training Need #2** |  |
| **COMMENTS** *(Use this section to reflect on overall performance over the last 12 months)* |
| *This section is to be used to capture overall comments the Review discussion.* |
| **Staff Member** |  |
| **Supervisor** |  |

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| **ATTACHMENTS** |
| **Responsible** | **Item** | **Attached** |
| **CMPH to provide** | Position description |[ ]
| **Staff member** | Professional Development Plan (Completed) |[ ]
|  | Current flexible working arrangements |[ ]
| **WORKDAY REVIEW - STAFF** |
| **Staff** | Review Workday profile for accuracy |[ ]
| **Staff** | Update Staff Profile |[ ]

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| **APPROVAL** |
| **Staff member signature** |  | **Date** |  |
| **Supervisor signature** |  | **Date** |  |

Congratulations on completing your Review! Once you and your supervisor have finalised the Review, please upload a copy to Workday – follow the instructions [here](https://staff.flinders.edu.au/content/dam/staff/documents/workday-user-guides/workday/Workday%20User%20Guide%20Add%20Certificate.pdf).