**Appraisal Check in form**

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| --- | --- | --- | --- |
| Employee Name: |  | Managers Name: |  |
| Job Title: |  | Date of check in: |  |
| Department: |  | Date of next check in: |  |

**Check in’s should be held at least once every six weeks as part of good management practice and should cover the following areas:**

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| How are you feeling in terms of your health wellbeing and safety at work? |  |
| How are you managing your workload? |  |
| What progress are you making towards your agreed objectives? |  |
| How are you demonstrating the Trust values and behaviours as outlined in the behavioural framework? |  |
| Have you got any concerns? |  |
| Do you require any additional support? |  |
| What have been your key achievements and things to celebrate? |  |
| Any further comments? |  |