MATERNITY PERFORMANCE

APPRAISAL (Registered nurse)

**Purpose**

This annual appraisal aims to ensure that we are working together to support you achieve your professional development objectives informed by the goals of the organization.

Your Success and Development Plan can also record and signal intentions for continuing education.

We want to acknowledge your contribution to achieving a high quality service for women and their babies and how we can work with you to assist you to achieve job satisfaction as a valued member of our team.

**Process**

**Step 1**

**Please review your Objectives from last year**: noting those you have achieved and those you plan to take forward. Consider objectives for the coming year that you can then discuss at your review.

**When completing your Professional Development Plan**, consider your PDRP status, objectives and / or competencies you may want to achieve, regardless of current work setting.

**Record your performance appraisal self-assessment one week prior to your meeting:** After your conversation to discuss your achievements and objectives, it will be saved to your file on MAX. You can copy or print for your portfolio.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Manager:** |  |
| **Date:** |  |
| **Time:** |  |

# Accountabilities

1. ***Thinking about the past 12 months, tell me about a couple of aspects of your role which, on reflection, you view as making progress and if there is anything you require from myself or other colleagues to continue to make progress?***
2. ***Thinking about the past 12 months, tell me about a couple of aspects of your role which, on reflection, you view as limited or no progress has occurred and if there is anything you require from myself or other colleagues to bring about change?***

# Role Satisfaction

***What about your role do you derive satisfaction from?***

# Priorities

***Looking ahead over the next 12 to 18 months, where will you place your energy and focus?***

# Health and Wellbeing

***Tell me about your plans to promote your health and wellbeing and if there is anything I can do to support you?***

# Personal and Professional Development

***In the next 12 to 18 months what professional and/or personal development opportunities are you interested in pursuing?***

***In the last 12 months, discuss a personal or professional highlight you have experienced, and what this has meant to you?***

# Any Other Comments

# Line Manager Comments

# Signed By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

Name:

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| ***Yearly Compulsory*** | **Course** | 20\_ \_ | 20\_ \_ | 20\_ \_ |
| **Emergency Skills Day** (maternal and newborn resus plus maternity emergencies)\* | / / | / / | / / |
| **Core Competency Day** Includes:* Breastfeeding (BFHI = 21 hrs over 5 years)
* Fire & Emergency Procedures
 | / / | / / | / / |
| No of hrs:  | No of hrs:  | No of hrs:  |
| 1 hour | 1 hour | 1 hour |
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| --- | --- | --- | --- |
| ***Once Only Compulsory*** | **Course** | **Last Completed** |  |
| Year due | Date Booked | Completed**✓** |
| Family Violence (Child Protection and Partner Abuse Intervention) |  |  |  |  |
| Medication and Fluid Management (HealthLearn)(“IV” certificate) |  |  |  |  |
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| --- | --- | --- | --- |
| ***Continuing Education*** | **Course/Workshop** | **Date Completed** | **Hours** |
| 20\_ \_ | 20\_ \_ | 20\_ \_ |
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| Total hours |  |  |  |