

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Orientation and Induction Policy Mental Health
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/204
DATE OF PUBLICATION	June 2018
RISK RATING	Low
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standard 1 (1.3, 1.4, 1.10, 1.12, 1.13)
REVIEW DATE	June 2023
FORMER REFERENCE(S)	SESIH Mental Health Orientation and Induction Policy 2007/02
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	David Pearce. Director Operations SESLHD Mental Health Service
AUTHOR	Angela Karooz Clinical Nurse Manager, SESLHD Mental Health Service Angela.Karooz@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	Ben Chidester A/Workplace Capabilities Educators SESLHD Mental Health Service Ben.Chidester@health.nsw.gov.au
KEY TERMS	Induction, Orientation
SUMMARY	This policy has been developed to support the orientation and induction process for new employees to the South Eastern Sydney Local Health District - Mental Health Service.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
This Policy is intellectual property of South Eastern Sydney Local Health District.
Policy content cannot be duplicated.

1. POLICY STATEMENT

The Mental Health Service (MHS) provides all new and returning staff with a comprehensive, standardised orientation and induction process. This orientation and induction process occurs over a 12 month period, and includes formal and informal processes. Self-directed learning and workplace training are incorporated into planned learning activities. All activities are designed to facilitate a smooth and effective transition of a new staff member into the organisation and their role within our service.

2. AIMS

The purpose of this policy is to:

- Provide a clear direction for both employees and their managers in the orientation and induction requirements to enable new employees to enter the new role safely, competently and confidently
- Highlight the organisational objectives including reduction of harm, building a culture of quality and safety that is focussed on consumer culture, high quality reliable care, recovery principles and strengths-model of practice
- Encourage all new staff to become enthusiastic members of the service.

3. TARGET AUDIENCE

This policy applies to **all new employees** from a variety of disciplines within the SESLHD MHS and their line managers inclusive of Administration, Allied Health, Nursing, Psychology, Medical and Support Services.

4. RESPONSIBILITIES**4.1 SESLHD Mental Health Service will**

Circulate this policy to MHS Service Directors. Ensure this policy is available on the SESLHD Internet policy page for all staff.

4.2 Site Service Directors will

Ensure that the policy is circulated and implemented locally.

NB. There are additional responsibilities articulated under [Section 6.2: Policy Components](#).

5. DEFINITIONS

- Employer means any person authorised to exercise the functions of the employer of staff to which this policy applies.
- Any person working or contracted to work in any capacity in SESLHD, for the purpose of this document, this means any person working in a casual, temporary or permanent capacity including visiting practitioners.
- Mandatory training and education refers to learning activities which meets identified organisational requirements.

- Induction refers to a program of ongoing, systematic training and support for new employees into their work role. Induction programs may comprise mandatory training, discretionary training and other support methods such as mentors and preceptors.

6. POLICY COMPONENTS

- All new employees, regardless of position description, are to participate in a local Mental Health Orientation process in addition to attendance at the mandatory Orientation and Induction process outlined in the SESLHD Policy.
- Staff who transfer from one position to another within SESLHD MHS, or who have had a lapse in employment of less than 12 months and can demonstrate that they have completed the Orientation and Induction process within the past two years, will require a local Unit Orientation to their new workplace only.
- The Mental Health Orientation and Induction process will consist of local clinical and non-clinical setting requirements and self-directed Learning through an Orientation Manual, an Individual Learning Plan which includes identified modules from My Health Learning (MHL). The learning plan should be developed by the local education team in conjunction with the Line Manger and relevant key support staff.
- New clinical staff will also be required to attend face-to-face mandatory training where appropriate and complete identified My Health Learning courses.

6.1 Development: Assessment and Management Planning

- New employees are to be allocated to a preceptor/mentor during the initial transition period. A more experienced member of staff with the same discipline will act as a guide to the workplace and corporate culture. The guide may have a role in ensuring the new employee have/has:
 - Appropriate clinical skills
 - Been orientated to their new working environment which will include but not limited to the locations of relevant services, agencies, meeting the members of multi-disciplinary team
 - Read all relevant policy directives and guidelines, business rules, procedures and protocols prior to working with a consumer.
- Managers will assess the need for a supernumerary period for new members of staff and arrange an appropriate period of time as necessary. This will be discussed with the staff member and agreed upon.
- Any supernumerary period is to be structured and include specific learning goals developed by the local education team in consultation with the relevant manager and to be fulfilled by the new employee and signed off by the manager.

6.2 Specific implementation responsibilities include:

District Document Development & Control Committee (DDDCC)

- Ensure the development and review of the Mental Health Orientation and Induction Policy.
- Ensure the development and maintenance of local Mental Health Orientation Manuals which are specific to the units' speciality (i.e MH Rehabilitation or Older adult MHU).

Employees

- Attend orientation and induction programs, mandatory and discretionary training as directed by their Line Manager. This includes corporate, discipline specific and eMR and eMeds orientation, followed by the local orientation and induction package.
- Complete a Unit Orientation with their Educator/Manager or delegate commencing on their first day in each new workplace. All relevant orientation forms are to be kept with the Manager.
- Complete Mandatory training requirements according to the published training schedule within my Health Learning.
- Complete any Self-Directed Learning procedures within My Health Learning modules associated with their Orientation and Induction process, providing their Manager with evidence that these courses have been satisfactorily completed.
- Actively participate in the collaborative development of an Individual Learning Plan in the first year of employment and ensuring the outcomes of that Plan are fulfilled within the stated timeframe. The Development plan should be reviewed at the allocated appraisal period with the line manager.

Line Managers

- Ensure new employees are given the time and resources to complete the Orientation and Induction process and procedures expected of them for both SESLHD and the Mental Health Services.
- Conduct a Unit Orientation with employees of all disciplines who are new to their workplace or delegating it to another senior member of staff.
- Ensure data relating to the Unit Orientation, such as corporate and local orientation checklists are entered into the Learning Management System (LMS).
- Ensure all new employees have completed the SESLHD Orientation Checklist (Appendix A) and have a Performance Development Plan (Appendix B) for their first year of employment and that they provide evidence that the outcomes of the Plan have been fulfilled.
- Ensure that all new employees have completed any Self-Directed Learning processes associated with their Orientation and Induction process.
- Identifying, supporting and encouraging clinical supervision at induction phase.

Note

The medical staff report to the Clinical Director at each site who has responsibility for the Mental Health orientation and induction. This task may be delegated to another Senior Medical Officer on site.

7. DOCUMENTATION

Successful orientation and induction participations are documented through the existing Stafflink and My Learning Systems (LMS).

8. REFERENCES

NSW Ministry of Health
[PD2016_040 Managing for Performance](#)

SESLHD
[SESLHD Mental Health Service Workforce Strategic Plan: 2012-2017](#)
[SESLHD Orientation and Induction – New Employees Policy SESLHDPD/172](#)
[SESLHD MHS Orientation Manual \(Feb, 2018\)](#)
[SESLHDBR/020 Uniform Dress Code – for SESLHD MHS Staff](#)

9. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2011	1	Elizabeth Abbott revised draft of Policy No. 2007/02
December 2011	2	Michelle Bradley – minor amendments and formatting
March 2012	3	Policy Development Committee
September 2012	3	Mental Health Clinical Council approval 27/9/12
January 2018	4	Benjamin Chidester – amendments and updating. Updated template and reformatted document by Policy Officer, SESLHD MHS.
March 2018	4	Endorsed by DDDCC. Endorsed by MH Clinical Council Endorsement with no further amendments.
June 2018	4	Endorsed by Executive Sponsor

South Eastern Sydney Local Health District Orientation Checklist

How to use your induction checklist

A good induction should enable people to feel they've made the right decision and to help them start their new job committed, engaged and productive. In NSW Health induction training is mandatory for all new employees to help get it right from the start. The SESLHD induction program is divided into 3 parts:



Phase 1
Online Corporate
Orientation



Phase 2
Face to face
Corporate
Orientation



Phase 3
Unit based
Orientation

Line managers are responsible for ensuring staff complete Phase 1, attend Phase 2 and complete Phase 3 within the workplace. This is to ensure that the training has relevance and context to the job and its duties.

To support our managers in the process, this checklist has been designed to provide practical information and activities, in welcoming new people and guiding them through the induction process. The information has been broken into three parts:

- Preparing for your new employee
- Day One, Weeks one – Two
- The First Three Months

Your new employee should use this same checklist with you.

Step 1 – Familiarise yourself with the checklist

Line managers should complete their first checklist before their new employee begins.

Step 2 – Identify any assistance of resources needed for each activity on the checklist

Note that the WHS components are mandatory of ALL staff.

Step 3 – Complete and Date Checklist Activities

Use the checklist to guide your activities together from day 1 to the time your new person has their first performance development at the end of their first three months.

Checklist 3, page 4 of this document is mandatory and must be submitted to your site coordinator within the first two weeks of your new employees start date.

Step 4 – Sign, File and Forward the completed checklists

The sign off sheet should be submitted to the local Orientation Coordinator within the first fortnight of the employees start date for entry into HETI Online, the statewide learning management system.

This is to ensure this mandatory education is carried out and completed and will display on the new employees learning history as 'completed'.

When all aspects of the Orientation Checklist have been completed, the new employee and their manager should sign the final 'Orientation and Induction Competeion Sign-off form', located at the back of this checklist. The original should be kept in the unite-based employee's personnel file and a copy sent to the Local Orientation Coordinator to indicate the completion of the Orientation program.

CHECKLIST 1

FOR COMPLETION PRIOR TO DAY 1

Name: _____ Start date: _____

ACTIVITY	COMPLETED
A workstation has been prepared	<input type="checkbox"/> Yes
A computer is available and has been connected	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Relevant Systems Applications Forms have been completed online/printed and forwarded to IMSD http://seslhnweb/Managers_Help_Centre/	<input type="checkbox"/> Yes <input type="checkbox"/> NA
A locker and key has been organised, where necessary	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Colleagues are aware of new staff member's role in relation to their respective roles and responsibilities	<input type="checkbox"/> Yes
A work colleague has been selected and has agreed to act as a 'buddy' for the new staff member MANDATORY	<input type="checkbox"/> Yes
Arrangements have been made for new employee to complete orientation components – face to face and online in HETI Online http://hetionline.health.nsw.gov.au	<input type="checkbox"/> Yes
Employee has been booked in to face to face session of orientation (Details available on Managers Help Centre)	<input type="checkbox"/> Yes
Employee has been booked in to eMR/iPM training – Nursing, medical, allied health, front line administration http://seslhnweb/eMR/ http://seslhnweb/iPM/default.asp	<input type="checkbox"/> Yes
An appointment time has been made with a manual handling	<input type="checkbox"/> Yes
Time is diarised for the employee's first week for the purpose of carrying out their induction and performance development	<input type="checkbox"/> Yes
Time is diarised for regular meetings to discuss performance and goals	<input type="checkbox"/> Yes
A welcome activity has been arranged for the new staff member (e.g. morning tea)	<input type="checkbox"/> Yes

CHECKLIST 2

FOR COMPLETION ON FIRST DAY

ACTIVITY	COMPLETED
Manager and the nominated 'buddy' are available to greet and train the new staff member	<input type="checkbox"/> Yes
The staff member has been introduced to colleagues	<input type="checkbox"/> Yes
The staff member has been shown their workstation and the amenities on your floor (toilets, kitchen, breast feeding facilities) and the site food outlets	<input type="checkbox"/> Yes
Meet with the employee and discuss employee matters and discuss occupation specific orientation:	
Hours of attendance, rest and meal breaks, overtime, time in lieu, paydays	<input type="checkbox"/> Yes
Stafflink identification number	<input type="checkbox"/> Yes
Access passes, Security ID Card, Keys	<input type="checkbox"/> Yes
ADOs, leave, time sheets, sign in	<input type="checkbox"/> Yes
Reporting absences, lateness and sickness	<input type="checkbox"/> Yes
Local parking facilities	<input type="checkbox"/> Yes
Safeguarding personal belongings	<input type="checkbox"/> Yes
Personal calls and visitors	<input type="checkbox"/> Yes
Social and recreational facilities and clubs	<input type="checkbox"/> Yes
Dress standards including safety clothing if required	<input type="checkbox"/> Yes
Explain duties of position using the job description	<input type="checkbox"/> Yes
Review Code of Conduct and ensure employee signs acknowledgment	<input type="checkbox"/> Yes
You have explained:	
Use of telephone and paging systems	<input type="checkbox"/> Yes
Appropriate use of department resources including department vehicles	<input type="checkbox"/> Yes
Appropriate use of email/internet usage	<input type="checkbox"/> Yes
Accessing Policy & Procedure on the intranet	<input type="checkbox"/> Yes
Performance Development Agreement – process , frequency and forms	<input type="checkbox"/> Yes
Performance Review – 3 months from commencement and then annually	<input type="checkbox"/> Yes
The staff member has been shown where the supplies and equipment are to carry out their job	<input type="checkbox"/> Yes
The staff member has been shown how to log on to their computer, navigate the intranet and map required drives	<input type="checkbox"/> Yes
The staff member has completed all required sign on forms and returned them	<input type="checkbox"/> Yes

CHECKLIST 3

FOR COMPLETION DURING THE FIRST 2 WEEKS

ACTIVITY	COMPLETED
WHS	
The workstation is comfortable (Workstation Self-Assessment form)	<input type="checkbox"/> Yes
Local WHS hazards and the safety requirements of the job	<input type="checkbox"/> Yes
Safe work practices within the department	<input type="checkbox"/> Yes
WHS and education noticeboard	<input type="checkbox"/> Yes
Location of manuals and registers e.g. WHS, chemical and flip charts	<input type="checkbox"/> Yes
Location of fire exits, stairs, blankets, extinguishers, powerfail phone	<input type="checkbox"/> Yes
Emergency flowchart, evacuation plan and assembly point	<input type="checkbox"/> Yes
Location and use of duress alarms	<input type="checkbox"/> Yes
How to report WHS hazards, accidents and incidents to the manager and on IIMS	<input type="checkbox"/> Yes
Location WHS resources on the intranet	<input type="checkbox"/> Yes
Location of quick reference telephone number e.g. security	<input type="checkbox"/> Yes
First aid plan and provision of first aid	<input type="checkbox"/> Yes
Inform the new staff member who the department safety representative is, their role and local consultation arrangements	<input type="checkbox"/> Yes
The new staff member has been shown where to access policies and procedures including the Code of Conduct	<input type="checkbox"/> Yes
Completion of Radiations Safety training has been completed online (required for those employees who are exposed to radiation and radioactive materials)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
The staff member's ability and experience in using the department various software packages has been assessed. If required the new staff member has been booked into relevant courses in HETI Online (Work, Excel, Kronos)	<input type="checkbox"/> Yes
A manual handling assessment and, if necessary, training sessions has been undertaken with a manual handling champion (instructions available from your Site Orientation Coordinator as listed below)	<input type="checkbox"/> Yes
NB: this is mandatory for all staff. The manual handling contact must sign the next page.	

SEND THE FIRST ORIENTATION AND INDUCTION COMPLETION SIGN OFF FORM TO THE SITE ORIENTATION COORDINATOR

INDUCTION SIGN OFF FORM

MANDATORY – WHS COMPLETION SIGN-OFF

Form 1 of 2

All WHS aspects of the Phase 3 – Unit Based Orientation have been completed satisfactorily. Completion can be evidenced by the Orientation Checklist which is kept in the Unit based personnel file of the Employee.

A copy of this page must be sent to the Local Orientation Coordinator by email, FAX or internal mail for entry into HETI Online.

The local Orientation Coordinator is the person who coordinated the Corporate Orientation program that the staff member attended.

The Sutherland Hospital	St George Hospital	Prince of Wales/SSEH
Michelle Brady	Jill Cleaven	Orientation Coordinator
Staff Education and Training Education Centre Level 2	Research and Education Centre Staff Education Ground Floor	Executive Office Level 3
Fax: 9540 7505 Michelle.Brady@health.nsw.gov.au	Fax: 9113 3552 Jill.Cleaven@health.nsw.gov.au	Fax: 9382 3060 Max.Tuffano@health.nsw.gov.au

Employee Name		
Stafflink Identification Number		
Position		
Location/Department		
Date attended Corporate Orientation	Date / /	
I certify that all components of checklists 1, 2 and 3 have been completed (pages 1-4of the Unit-based Orientation checklist) INCLUDING the manual handling component on page 4		Signature
Employee Signature		Date / /
Managers Name		
Managers Position		
Managers Signature		Date / /
Manual Handling Contact Name		
Manual Handling Contact Signature		Assessment Date / /

Please note: The staff member’s training records will only be updated in HETI Online if this checklist is returned. Hospital Accreditation is reliant on ALL staff being compliant. Submission of this document will allow the staff member to be entered as ‘partially completed’.
The submission of the 3 month checklist at the end of this document will allow a ‘completed’ status to

CHECKLIST 4

FINALISING THE PROCESS

FOR COMPLETION AT THE END OF FIRST 3 MONTHS

be entered.

<p>The performance review has been undertaken with the employee at three months after commencement</p> <p>If no, schedule a date to undertake this and develop the performance agreement</p> <p>Scheduled date _____/_____/_____</p> <p>Other comments _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Performance development strategies/plans have been discussed with the employee</p> <p>If no, schedule a date</p> <p>Scheduled date _____/_____/_____</p> <p>Other comments _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Applications have been submitted for relevant training courses</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Relevant departmental plans have been discussed with the new staff employee together with the relevance to the staff member’s role and position description</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>All online Orientation training (HETI Online) is complete</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I have returned my staff member’s signed Orientation Completion Form (page 7) to the Site Orientation Coordinator</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SEND THE COMPLETED FINAL ORIENTATION AND INDUCTION COMPLETION SIGN OFF FORM TO THE SITE ORIENTATION COORDINATOR

INDUCTION SIGN OFF FORM

ORIENTATION AND INDUCTION FINAL COMPLETION SIGN-OFF FORM ORIENTATION SIGN OFF FORM 2 OF 2

All aspects of the Orientation and Induction program have been completed to the satisfaction of the Employee and the Manager. Completion can be evidenced by the Orientation Checklist and signed Completion Form which are kept in the unit Based personnel file of the Employee and can be produced Accreditation Surveys.

A copy of this page must be sent to the Site Orientation Coordinator by FAX, email or internal mail for entry into HETI Online. The Site orientation Coordinator is the person who coordinated the Corporate Orientation program that the staff member attended.

Please note: The staff member's training records will only be updated in HETI Online when this checklist is returned. Until this time, the direct reporting Manager will receive email notification that the staff person has 'not completed' this training.

The Sutherland Hospital	St George Hospital	Prince of Wales/SSEH
Michelle Brady	Jill Cleaven	Orientation Coordinator
Staff Education and Training Education Centre Level 2	Research and Education Centre Staff Education Ground Floor	Executive Office Level 3
Fax: 9540 7505 Michelle.Brady@health.nsw.gov.au	Fax: 9113 3552 Jill.Cleaven@health.nsw.gov.au	Fax: 9382 3060 Max.Tuffano@health.nsw.gov.au

Employee Name		
Stafflink Identification Number		
Position		
Location/Department		
Commencement Date	Date / /	
<input type="checkbox"/> (tick if completed) SESLHD Corporate Orientation Program (Phases 1&2)		Date / /
<input type="checkbox"/> (tick if completed) Unit-based Orientation (Phase 3)		Date / /
Employee Signature		
Managers Name		Date / /
Managers Position		
Managers Signature		

Performance Development Plan

APPENDIX B: [Performance Development Plan](#)

First Name:	Surname:
Role Title:	Employee Number:
Manager's Name:	Manager's Role:



Performance Development Plan Start Date:

Performance Development Plan End Date:

Set & Clarify Expectations

Item for Discussion		Agree	Employee Comments/Actions	Manager Comments/Actions
PLAN	Position Description	My Position Description has been reviewed and reflects the purpose and expectations of my role.	<input type="checkbox"/>	
	Key Accountabilities	I am clear on what is expected of me in my role as per the Key Accountabilities articulated in the Position Description.	<input type="checkbox"/>	
	CORE Values	I am aware of the NSW Health CORE Values and agree to uphold them in my role (refer to CORE Values section below).	<input type="checkbox"/>	
	Code of Conduct	I have read, understood, and agree to abide by the NSW Health Code of Conduct and all relevant policies (including health documentation) and procedures.	<input type="checkbox"/>	
	Key Role Requirements	My licence, professional registration and/or any other qualifications/ certifications that are essential requirements for my role are current (if NA, please indicate in the comments/action column).	<input type="checkbox"/>	
	Other Workplace Issues	I have raised any workplace issues (e.g. WH&S, security) with my manager.	<input type="checkbox"/>	
	Excessive Annual Leave (If Applicable)	I have discussed excessive annual leave (>8 weeks) with my manager, and agreed on a plan to reduce it (if NA, please indicate in the comments/action column).	<input type="checkbox"/>	
	Other (please provide detail)		<input type="checkbox"/>	



Performance Development Plan

Use the table below when discussing the CORE Values. Refer to the content when reflecting on the values during the Performance Development Review as per the guidelines.

CORE Values		
CORE Value	Example Behaviours	
PLAN REVIEW	Collaboration: <i>We will work together as a team to provide the best health care for our community</i>	<ul style="list-style-type: none"> • I seek opportunities to work with my interdisciplinary colleagues • I work with others to identify and achieve shared goals • I share knowledge and lessons learned with my colleagues • I am mindful of how the decisions I make may affect others
	Openness: <i>The decisions we make are transparent and we accept accountability for our actions</i>	<ul style="list-style-type: none"> • I participate in opportunities to provide my feedback and views • I communicate openly and honestly at all times • I hold myself accountable for my actions, words and decisions • I utilise resources appropriately, efficiently and effectively
	Respect: <i>We respect and acknowledge the contribution made by each member of our team in providing the best possible health care</i>	<ul style="list-style-type: none"> • I encourage others to share their views and ideas and listening attentively • I acknowledge and value individual differences • I act professionally, am well-mannered, and demonstrate common courtesies • I deal with issues that arise in a constructive, honest, and timely manner
	Empowerment: <i>We will work with our patients to enable them to take greater control of their own health care, and we will challenge ourselves and one another to continuously develop and improve the service we provide</i>	<ul style="list-style-type: none"> • I involve others (patients, clients, colleagues) in decision making • I enable others to continually develop their skills and abilities, and take responsibility for my own development • I am prepared to challenge my own views and opinions • I identify opportunities for improvement and raise them with my manager
	Employee's Comments (Optional):	
	Manager's Comments (Optional):	

Performance Development Plan

Use the tables below to document Performance Goals. Print additional pages to document further goals as required.

Performance Goals

Performance Goal #			
PLAN	Description		
	<ul style="list-style-type: none"> Alignment: SESLHD Strategy, Health Care Services Plan, and/or Clinical Services/ Business Plan Is your goal SMART (Specific, Measurable, Achievable, Relevant, Time-bound)? 		
REVIEW	Employee's Assessment¹ (Circle):	1 – Unsatisfactory	Employee's Comments:
		2 – Satisfactory	
		3 – Commendable	
		4 - Outstanding	
	Manager's Assessment¹ (Circle):	1 – Unsatisfactory	Manager's Comments:
		2 – Satisfactory	
		3 – Commendable	
		4 - Outstanding	

Performance Goal #			
PLAN	Description		
	<ul style="list-style-type: none"> Alignment: SESLHD Strategy, Health Care Services Plan, and/or Clinical Services/ Business Plan Is your goal SMART (Specific, Measurable, Achievable, Relevant, Time-bound)? 		
REVIEW	Employee's Assessment¹ (Circle):	1 – Unsatisfactory	Employee's Comments:
		2 – Satisfactory	
		3 – Commendable	
		4 - Outstanding	
	Manager's Assessment¹ (Circle):	1 – Unsatisfactory	Manager's Comments:
		2 – Satisfactory	
		3 – Commendable	
		4 - Outstanding	

¹ Employees who do not have any direct reports can choose to use a 2 point scale (1 – Unsatisfactory, 2 – Satisfactory). It is recommended that you discuss which scale you will use with your manager when you meet to create and agree to the Performance Development Plan.



Performance Development Plan

Use the tables below to document Development Goals. Print additional pages to document further goals as required.

Development Goals

Development Goal #		
PLAN	Description: • What do you want to develop?	
	Development Method (70/20/10 Model):	<input type="checkbox"/> On-the-Job Experience (70%) <input type="checkbox"/> Informal Learning (20%) <input type="checkbox"/> Formal Training (10%)
	Development Activity/Activities: • How will you achieve your goal?	
REVIEW	Employee's Assessment (Select):	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled Employee's Comments:
	Manager's Assessment (Select):	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled Manager's Comments:
Development Goal #		
PLAN	Description: • What do you want to develop?	
	Development Method (70/20/10 Model):	<input type="checkbox"/> On-the-Job Experience (70%) <input type="checkbox"/> Informal Learning (20%) <input type="checkbox"/> Formal Training (10%)
	Development Activity/Activities: • How will you achieve your goal?	
REVIEW	Employee's Assessment (Select):	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled Employee's Comments:
	Manager's Assessment (Select):	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled Manager's Comments:

Performance Development Plan

Performance Development Plan Agreement

Date of Initial Performance Development Planning Meeting:

PLAN	Employee Acknowledgement:	I have had a conversation about my Performance Development Plan with my manager, and am clear on what is expected of me in my role, as well as the goals that I am accountable for within this performance cycle.	Employee's Signature:
	Manager Acknowledgement:	I have had a conversation with my team member about their Performance Development Plan and we have discussed and agreed to the goals that have been set out in this plan.	Manager's Signature:

Performance Goals – Overall Assessment

Overall Performance Assessment

REVIEW	Employee's Average Performance Assessment¹:	1 – Unsatisfactory	Employee's Comments:	
		2 – Satisfactory		
		3 – Commendable		
		4 - Outstanding		
	Manager's Average Performance Assessment¹:	1 – Unsatisfactory		Manager's Comments:
		2 – Satisfactory		
		3 – Commendable		
		4 - Outstanding		

¹ Employees who do not have any direct reports can choose to use a 2 point scale (1 – Unsatisfactory, 2 – Satisfactory). It is recommended that you discuss which scale you will use with your manager when you meet to create and agree to the Performance Development Plan.



Performance Development Plan

Performance Development Plan Review

Date of Performance Development Plan Review:

REVIEW	Employee Acknowledgement:	I have reviewed my Performance Development Plan with my manager, and confirm that the contents of the plan accurately represent my performance and development over the relevant period.	Employee's Signature:
	Manager Acknowledgement:	I have reviewed the Performance Development Plan with my team member and confirm that the contents of the plan accurately represent their performance and development over the relevant period.	Manager's Signature:
	Employee's Comments:		
	Manager's Comments:		

Please Note: managers are required to record all completed Performance Development Reviews in StaffLink.