**CARE Qualities: Annual Performance Summary**

**2018-2019 Review Period**

**Name:**

As Reporting Officer I can confirm that the Job Holder has maintained their performance to an acceptable standard appropriate for their grade and can progress to the next incremental point of their pay scale from the due date. **YES/NO**

**Division:**

**Reporting Officer:**

**Reporting Officer’s Comments:**

**Job Holders Comments:**

**Countersigning Officer Comments:**

As Reporting Officer, I confirm that I have had a minimum of 6 performance conversations during the performance period. **YES/NO**

**Signature of Reporting Officer:**

**Signature of Reporting Officer:**

As Job Holder, I confirm that I have had a minimum of 6 performance conversations during the performance period. **YES/NO**

**Signature of Job Holder:**

* Discuss and record your **strengths** for each of the CARE qualities below

*Refer to the CARE Qualities Framework for an indicator of effective and ineffective behaviours*

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| **CARE Quality** | **Strengths** | **Opportunities in my work where I can currently use this strength** | **Other potential opportunities to use this strength** |
| **Committed**Working TogetherCustomer Centric | Date: |  |  |
| **Appreciation**Letting people speak and making sure we listenAppreciate each other and other points of view | Date: |  |  |
| **Respect**Trusts and is trustedActs with integrityEthical in everything we do | Date: |  |  |
| **Excellent**Continuously developingEncourages innovation and embraces changeThrives on excellence | Date: |  |  |

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| --- | --- | --- | --- | --- |
| **CARE Quality** | **Specific Development** | **Goal** | **How am I going to achieve this goal?****What support and resources will I need?** | **Time Frame** |
| **Committed**Working TogetherCustomer Centric | Date: |  |  |  |
| **Appreciation**Letting people speak and making sure we listenAppreciate each other and other points of view | Date: |  |  |  |
| **Respect**Trusts and is trustedActs with integrityEthical in everything we do | Date: |  |  |  |
| **Excellent**Continuously developingEncourages innovation and embraces changeThrives on excellence |  |  |  |  |

* Discuss and record your **areas of development** for each of the CARE qualities in the plan below
* Discuss and record your **progress** in the progress report below

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| **Progress Report** |
| **Date of Discussion** | **What did you do?** | **Which development area above does this link to?** | **What was the outcome, what did you learn?** |
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**Objectives Progress Review (OPTIONAL)**

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| **Objectives:*** What I need to achieve in the upcoming period
* Maximum of six objectives
 | **Objectives progress*** Progress and achievement of objective
* Any challenges or issues which could prevent objective being achieved
* Any support or additional help required to ensure delivery of objective
 | **Managers Comments** |
| **Objective 1** | Progress Update: |  |
| Action Points: |  |
| **Objective 2** | Progress Update: |  |
| Action Points: |  |
| **Objective 3** | Progress Update: |  |
| Action Points: |  |

**Objectives Progress review (continued)**

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| --- | --- | --- |
| **Objectives:*** What I need to achieve in the upcoming period
* Maximum of six objectives
 | **Objectives progress*** Progress and achievement of objective
* Any challenges or issues which could prevent objective being achieved
* Any support or additional help required to ensure delivery of objective
 | **Managers Comments** |
| **Objective 4** | Progress Update: |  |
| Action Points: |  |
| **Objective 5** | Progress Update: |  |
| Action Points: |  |
| **Objective 6** | Progress Update: |  |
| Action Points: |  |