**Personal Development Review**

**Section A**

**This section should be completed by the reviewee and sent to the reviewer at least one week before the review discussion.**

|  |  |
| --- | --- |
| Name of Reviewee |  |
| Job Title |  |
| Location |  |
| Start date with NDS |  |
| Date of last review |  |
| Date of this review |  |
| Name of reviewer |  |
| Job title of reviewer |  |

**Job description attached:**

1. **List briefly your main duties/activities in the preceding twelve-month period:**
2. **List the main changes, if any, in the responsibilities of your post in the last 12 months:**

(or the period since your last review discussion)

1. **Do you feel your job description may need updating?**  Yes/No

(For example, have your duties changed significantly since it was first issued?

If yes, please request a Job description template from HR)

1. **Provide examples of how you have met the objectives set during the previous review, or those set over the last 12 months:**

Refer back to your previous review when your targets and goals were set. Comment of timeframes and target dates.

1. **Comment on any additional achievements, which were not part of the targets set at your previous review:**

A nomination under the Reward & Recognition scheme should be considered if appropriate.

1. **Please describe any citizenship activities you have undertaken, including number of hours spent:**

This includes, but is not limited to, mentoring, outreach, SAT or Working Group membership, and public engagement

1. **Please comment on any training/development activities you have taken part in since your last review:**
2. **Describe any difficulties or obstacles you have encountered:**

Comment on if they have been resolved or if they are on-going and on any additional action you plan to take or support that may be required.

1. **Please indicate any area of your performance where you feel improvement can be made:**

Consider aspects such as time management, working effectively with others, communication skills, ability to work independently, using your own initiative and working accurately.

|  |  |
| --- | --- |
| **Short term:** |  |
| **Medium term:** |  |
| **Long term:** |  |

1. **What are your career goals?** *(OPTIONAL)*
2. **Are there any courses or further training which you feel would assist your development or performance?**

List any specific training needs and indicate whether you feel these needs are essential, desirable or of interest.

1. **Please comment on your workload and work/life balance:**

|  |  |
| --- | --- |
| Questions: | Answers: |
| Do you feel your current workload and level of responsibility are reasonably manageable? |  |
| Are you generally able to complete your key responsibilities within the standard working hours? |  |
| Do you feel you have a good work/life balance? If not, please provide details. |  |
| Are you aware of flexible working opportunities for our staff? |  |
| Do you currently have any flexible working arrangements agreed with your manager? If you do, please describe the arrangement. |  |
| Would you like to discuss flexible working options? |  |

1. **Please use this box for any further comments:**

*Useful links*

People and Organisational Development (POD): <https://pod.admin.ox.ac.uk/>

IT Services (OUCS): <https://www.it.ox.ac.uk/it-training>

Support for Researchers: [www.ox.ac.uk/research/support\_for\_researchers/](http://www.ox.ac.uk/research/support_for_researchers/)

NDS Website: <http://www.nds.ox.ac.uk/about-us/supporting-our-staff>

**Section B**

Reviewer to talk through section A with reviewee, then section B should be completed by the reviewee and the reviewer during the PDR discussion.

1. **Feedback on Reviewee’s performance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Objectives and aims | Success measure | Timeline | Priority |
|  |  |  |  |

1. **Reviewee goals/targets for the next 12 months:**
2. **Specific agreed training requirements:**

**Section C**

This section should be completed by the reviewee and the reviewer after the review discussion.

1. **Reviewer – Summary of the PDR:**

**Further action required by the Department:**

Reviewer signature: ……………………………………………………….. Date: …………………………………………..

1. **Reviewee – additional comments (if any):**

Reviewee signature to agree they have seen the full contents of this form:

Signed: ………………………………………………….. Date: …………………………………………..