

# Probationary Report



Employee Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2024

Role: \_\_\_\_\_ Co-ordinator: \_\_\_\_\_

(Please tick appropriate)  
6 Week Probationary

12 Week Probationary

Number of days sick/short notice leave during first 6 weeks

(Comments).....

Number of days sick/short notice leave during first 12 weeks

(Comments).....

	(tick appropriate)	
Employee Feedback: <i>(Ask at 6 week, if any answers are answered No, discuss with employee)</i>	YES	NO
Are you aware of your Job Description and has it been fully explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand your rosters and how to fill in mileage sheets if required?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the opportunity to discuss your work with a member of office staff on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>

<b>1.. General</b>
<b>Which part of your job do you feel you do best?</b>
(6 week)
Comments -
(12 week) – any changes?
Comments -
<b>Is there any part of the job you feel you have difficulty with?</b>
(6 week)
Comments -
(12 week) – any changes?
Comments -
<b>Is there any part of the job you dislike?</b>
(6 week)
Comments -
(12 week) – any changes?
Comments -

(Get feedback from Service Co-ordinator & Client(s) before meeting)

## 2. Performance

- Has the employee received positive feedback from clients:

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- Does the employee have a positive attitude towards colleagues, clients and any other bodies connected with the service provision

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- Does the employee show an awareness of their clients' individual needs and do they take the appropriate action to ensure these are met?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

### Has the employee displayed: (Get feedback from Service Co-ordinator)

- An ability to work on their own initiative?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- An ability to resolve problems that arise?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- Flexibility when offered additional hours?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- Satisfactory timekeeping when attending clients or meetings?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

- An appropriate dress and appearance as set out in the Handbook?

6 week: YES  NO  .....

.....

12 week: YES  NO  .....

.....

**3. Training / Personal Development:** (Has the employee attended the following courses)

Moving & Handling: YES  NO  Theory/Practical (Full Day)  Practical (Refresher)

First aid: YES  NO  .....

Food, Hygiene & Infection Control: YES  NO  .....

(Record in Attendance Training Booklet if required)

**4. Employee Comments:**

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- 
- 
- 

**5. Employer Comments:**

- 
- 
- 
- 

**6 week probationary review complete:**

Signature: \_\_\_\_\_ (Co-ordinator) \_\_\_\_/\_\_\_\_/202\_\_

Signature: \_\_\_\_\_ (Employee) \_\_\_\_/\_\_\_\_/202\_\_

Any items raised write on Feedback and Actions Form and pass to Care Co-ordinator to Action.

(Keep in folder until 12 week review completed).

**6. Summary** – (Please tick appropriate box, if employee has passed or requires extended time added to probationary period, also add length of extension in weeks and date due)

PASSED	EXTENDED	LENTH OF EXTENSION	DATE TO REVIEW

**Action Plan if extended:** (Objectives to achieve within extension period)

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Any items raised write on Feedback and Actions Form and pass to Service Co-ordinator to Action.

12 week probationary review:

Signature: \_\_\_\_\_ (Co-ordinator) \_\_\_\_/\_\_\_\_/202\_\_

Signature: \_\_\_\_\_ (Employee) \_\_\_\_/\_\_\_\_/202\_\_

After 12 week: Copy passed to employee:

Record on Homecare (if extension is required add new 12week review) then pass to

Care Co-ordinator to Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/202\_\_

Pass original to Service Manager to Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/202\_\_

SM to pass original to Admin for filing.

*Policy Amendments & Revisions: This policy will be reviewed annually and, if necessary, revised in the light of legislative or organisational changes. Improvements will be made by learning from experience and the use of an established annual review. Should any amendments, revisions, or updates be made to this policy it is the responsibility of the Company Senior Management Team (SMT) to see that all relevant employees receive notice and training if necessary.*