**UNIVERSITY OF DUNDEE**

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**PROBATION FORM FOR PROFESSIONAL & RESEARCH STAFF**

**Name: School/Department:**

**Line Manager:**

**Date of Appointment: Probationary End Date:**

**Guidance**

* This form should be used for probationary staff in conjunction with the probationary procedures and guidelines for support & research staff.
* This process is designed to support the probationary member of staff throughout their introduction to the University.
* Objectives should be agreed and detailed on the form within 2 weeks of the start of employment.
* Ensure that any specific individual requirements relating to disclosed disabilities are discussed and considered as part of the discussion.

**Agreed Objectives for the Probationary Period:**

|  |  |
| --- | --- |
| **Mandatory Items within 3 months of start date** | **Completed** |
| University’s Equality and Diversity on-line modules |  |
| Health and Safety responsibilities |  |
| Specific system training |  |
| Information Security Awareness Training |  |
| Research Integrity Training  <https://www.dundee.ac.uk/research-governance-policy/research-integrity-training> |  |

|  |  |  |
| --- | --- | --- |
| **Objectives** | **Target Date** | **Completed (yes/no)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Review Periods**

Grades 1 – 6 - 6 months (with a 3 month interim review)

Grades 7 – 10 – 12 months (with a 3 and 8 month interim reviews)

**3-month Interim Review**

Line Manager signature……………………………………….. Date………………………………………

Probationer signature………………………………………….. Date………………………………………

**8-month Interim Review**

Line Manger signature……………………………………….. Date……………………………………….

Probationer signature………………………………………… Date……………………………………….

**End of Probation Review**

**Has the probationer met the original objectives satisfactorily YES/NO**

(please provide supporting information detailing successes or areas of concern)

**Should the appointment be confirmed**  **YES/NO**

(if no please provide supporting information and evidence)

**Summary and Comments**

Reviewer’s overall summary:

Probationer’s overall summary:

Line Manager’s Signature: Date:

Probationer’s Signature: Date:

**Please note, Probation cannot be confirmed until this form has been returned to HR**

**Training and Development**

* **Please detail the training and development requirements as discussed at the probation meeting (requires to be approved by the Dean/Director or budget-holder, fed back to the Probationer by the Line Manager)**

**Please note this information should be forwarded directly to OPD for further discussion**