



Nuthurst Parish Council  
P O Box 1098  
Horsham  
West Sussex  
RH12 9YX

Email: [clerk@nuthurst-pc.gov.uk](mailto:clerk@nuthurst-pc.gov.uk)  
Website: [www.nuthurst-pc.gov.uk](http://www.nuthurst-pc.gov.uk)  
Contact Number: 07795 593369

### NUTHURST PARISH COUNCIL

#### ANNUAL STAFF APPRAISAL FORM

NAME OF EMPLOYEE	
POST HELD	
DATE OF APPOINTMENT	
REPORT FOR PERIOD	

Current Job
Purpose of Job
Description of duties
Targets

#### DETAILED ASSESSMENT OF PERFORMANCE OF DUTIES

- Markings
- A Well above the performance expected
  - B Consistently above the acceptable standard of the grade
  - C Generally achieves the acceptable standard of the grade. Meets all the requirements of the job
  - D Not quite up to an acceptable standard, shows some general weaknesses
  - E Consistently below the acceptable standard
  - F Performance well below the expected level

(It should be noted the marking are an optional element depending upon the “type” of scheme a council wishes to adopt.)

1 Knowledge of Duties (Comments here)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

2 Quality of Work	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

3 Quantity of Work	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

4 Relations With Others	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

5 Communication Skills	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

6 Manual/Numeric/Operational skills (where applicable)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

7 Supervision/Oversight of Staff (where applicable)	A	B	C	D	E	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

ATTENDANCE and any specific factors affecting overall performance

  

Training and Qualifications

  

OVERALL ASSESSMENT	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not Acceptable
Strengths		
Weaknesses		

  

Signature of Appraiser:	
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Signature of Appraiser:	
Length of time Appraising:	
Position Held:	
Date:	

ADDITIONAL COMMENTS	
Signature of Countersigning Manager (if any)	
Date:	

NOTES OF COUNSELLING INTERVIEW (including appraisee's responses)

Interests and career aspirations

Comments (include here any out of line potential)

ACTION PLAN	
Including action to be taken to improve performance on current job and specific development and training action by:	
1. The appraisee	target date
2. The Appraisers	target date

3. External sources

target date

Appraisee's signature – I have been offered the facility to see this report and I agree that the above is an accurate record of the views exchanged in the counselling interview

Signature

Signature of Appraiser

Signature of Appraiser