

New Starter

Probationary Review



Colleague Name:		Payroll Number:	
Department:		Role:	
Start Date:		Site:	

END OF WEEK 1

Date:

How has your first week gone?

Is there anything we need to support you with right now?

BY THE END OF WEEK 4

Date:

How have your first 4 weeks with us gone?

Let's review your induction plan, what's still outstanding or needs further support?

What aspects of induction were most and least valuable?

Most

Least

What, if any, additional support do you need?

Tell us what you've learnt about The Greencore Way

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Tell me about your achievements in your first 4 weeks, what's been most rewarding?

What goals did we set that you've not achieved and why?

Summary of Performance

Standards	Consistently exceeds	Consistently achieves	Achieves although not consistently	Consistently fails to achieve
Quantity and quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude / conduct and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping and attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / orientation to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the colleague on track with their training plan?

☐ Yes ☐ No

BY THE END OF WEEK 8

Date:

How are you settling in?

Is there anything you need further support with?

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Let's review your short term goals, how are your progressing with those?

Is the colleague on track with their training plan?

☐ Yes ☐ No

Summary of Performance

Standards	Consistently exceeds	Consistently achieves	Achieves although not consistently	Consistently fails to achieve
Quantity and quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude / conduct and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping and attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / orientation to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note here feedback and concerns from both parties

BY THE END OF WEEK 12

Date:

How are things now 12 weeks in?

Making every day taste *better*

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Is there anything left from your induction we need to complete?

Let's think about setting more long term goals, what do you think these should be?

Is the colleague on track with their training plan?

☐ Yes ☐ No

Summary of Performance

Standards	Consistently exceeds	Consistently achieves	Achieves although not consistently	Consistently fails to achieve
Quantity and quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude / conduct and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timekeeping and attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / orientation to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note here feedback and concerns from both parties:

KEY GOALS FOR THE NEXT 12 WEEKS

BY THE END OF WEEK 26

PROBATIONARY PERIOD OUTCOME

Has the colleague successfully completed their probationary period?

☐ Yes ☐ No

Effective date:

Is an extension required?

☐ Yes ☐ No

Probationary period extended until:

Confirm in detail the reason for extension

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Specific goals to be demonstrated during extension

1. What needs to be achieved or demonstrated?

2. By when?

3. How will we measure this?

Notes

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What are you most proud of during your first 6 months with us?

What goals or tasks have you struggled with and why?

What feedback have you got for us?

Notes:

A copy to be retained by the colleague and reviewing manager and a copy to be forwarded to HR once complete.

Manager's signature:

Date:

Colleague's signature:

Date: