Version 2

April 2019

**Appointment**

**Review (AR) Form**

## Data Protection

This form is used to collect information about the reviewee for the purpose of an appointment review. This is to be used by the District, County, Region, Area and Country as appropriate. As part of this form we collect personal data about the reviewee; this detail is required so that we can process your review appropriately.

We take personal data privacy seriously. The data provided to us is securely stored Add detail of local storage and will form part of preparation for your next Appointment Review, at which point this form will be destroyed no later than one month after the date of that review. For further detail on our retention periods please visit our Data Protection Policy: ADD DETAIL OF/LINK TO LOCAL DATA PROTECTION POLICY

We do not share the personal data provided in this form with any third parties outside of The Scout Association.

Appointment Reviews are described in section 5 of POR The Appointment Process. This form should be used to help guide the conversation between a role holder and their line manager during an Appointment Review. This form provides the necessary information to facilitate the process. Scouts.org.uk/review provides more information about the process.

A purple fleur-de-lis logo

Description automatically generated

# Section A: Review detail

Reason review was called:

|  |
| --- |
| Click or tap here to enter text. |

Person requesting the review:

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Role holder name: |  | Line manager’s name: |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Role holder membership number: |  | Line manager membership number: |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Appointment(s) being reviewed: |  | Date of appointment review meeting: |
| Click or tap here to enter text. |  | DD/MM/YYYY |

# Section B: Training for appropriate roles

**For roles requiring Wood Badge: Mandatory ongoing learning**

Wood Badge completion date: First aid certificate date of expiry:

|  |  |  |
| --- | --- | --- |
| DD/MM/YYYY |  | DD/MM/YYYY |

If not complete, expected completion date: Safety training date of expiry:

|  |  |  |
| --- | --- | --- |
| DD/MM/YYYY |  | DD/MM/YYYY |

Ongoing learning, hours undertaken since last review: Safeguarding training date of expiry:

|  |  |  |
| --- | --- | --- |
| Enter hours. |  | DD/MM/YYYY |

Other training notes: What training modules or other ongoing learning do you need to support you in your role and to help you meet your role aspirations?

|  |
| --- |
| Click or tap here to enter text. |

# Section C: The review

Summary of the conversation between line manager and role holder:

|  |
| --- |
| Summarise what you enjoy about the role(s) being reviewed.  Click or tap here to enter text.  Comments from line manager:  Click or tap here to enter text.  What are the strengths that you currently bring to your role?  Click or tap here to enter text.  Comments from line manager:  Click or tap here to enter text. |

|  |
| --- |
| What challenges have you experienced in your role and (if any) how did you/will you overcome them?  Click or tap here to enter text.  Comments from line manager:  Click or tap here to enter text. |

|  |
| --- |
| What areas do you feel you need support in?  Click or tap here to enter text.  Comments from line manager:  Click or tap here to enter text. |

|  |
| --- |
| In 1-3 years’ time is there a different/new role that you would like to have in Scouting?  Click or tap here to enter text.  Comments from line manager:  Click or tap here to enter text. |

|  |
| --- |
| Other notes?  Click or tap here to enter text. |

# Section D: Review conclusion

Please tick appropriate box and provide a summary of reasons in the box below

Renewal of current appointment until (maximum five years) Click or tap here to enter text.

Reassignment to Click or tap here to enter text.

(note: reassignment will require starting the new appointment process)

Retirement Click or tap here to enter text.

|  |
| --- |
| Summary of reasons  Click or tap here to enter text. |

Agreed date of next review (if appropriate):

|  |
| --- |
| Click or tap here to enter text. |

Signed: Line manager Signed: Individual reviewed

Click or tap here to enter text.

Click or tap here to enter text.

Date signed: Date signed:

|  |  |  |
| --- | --- | --- |
| DD/MM/YYYY |  | DD/MM/YYYY |

# Section E: Committee outcome

To be completed by the Appointments Advisory Committee Secretary.

I confirm I have seen the above and have ensured that the necessary outcomes are actioned on Compass, such as updating the review date, cancelling a role(s) or starting the appointment process for a new role.

Signed: Appointments Advisory Committee Secretary

|  |
| --- |
| Click or tap here to enter text. |

Date signed:

|  |
| --- |
| DD/MM/YYYY |