Panel Form for Allied Health Panel Assessment Process

(Permanent and Eligible Temporary Employees)

AHP1 to AHP2

The original of this form should be posted to the **Regional Director of Workforce**

(listing available on the DH Intranet)



Employee Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title | [ ]  Ms | [ ]  Mrs | [ ]  Miss | [ ]  Mr | [ ]  Dr | [ ]  Prof | [ ]  Other:       |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | Employee Number |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name(s) |       | FTE: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position No: |       | Position Title: |       |
| Contact No: |  | Health Unit |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Classification: |       | Step: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Status: Permanent | [ ]  | Temporary  | [ ]   |

|  |  |  |  |
| --- | --- | --- | --- |
| Initiated by: Manager | [ ]   | Employee |  [ ]   |

|  |  |  |
| --- | --- | --- |
| Manager’s name and contact no. |       |       |
| Professional Supervisor’s name and contact no. |       |       |

|  |  |
| --- | --- |
| Date of Receipt: |       |

This application is Manager/Supervisor initiated [ ]

This application is Employee initiated [ ]

Part 1: Assessment against Work Level Definitions

**a. Demonstration of increased professional expertise, competence and experience to perform any standard professional task within the discipline.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

**b. Attainment of greater specialised knowledge within the discipline.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

**c. Provision of professional services to client groups in circumstances requiring increasingly complex practice skills.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

**d. Exercising of greater specialised/generalist knowledge within the discipline and achieving higher levels of outcomes under reduced professional/clinical supervision within the discipline.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

**e. Application of professional judgement to selection and application of new and existing methods and techniques.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

**f. Demonstration of expertise obtained through appropriate professional development and operational experience or tertiary qualifications(s), post graduate education or other formal qualification(s). Certificates of attendance and certified copies of any qualifications cited.**

Panel Comments

Criteria Met: Yes [ ]  No [ ]  Partially [ ]

Panel Summary

Part 2: Assessment against Professional Criteria

**1. Performance**

*Defined as “the accomplishment of work assignments or responsibilities and contributions to organisational goals, including demonstrated approach, behaviour and professional demeanour (actions, attitudes and manner of performance)”*

**2. Aptitude**

*Defined as “the ability to learn or develop proficiency in the discipline”*

**3. Experience**

*Defined as “the knowledge or skill acquired through professional involvement in or exposure to discipline-based situations or circumstances”*

**4. Responsibilities**

*Defined as “able to be entrusted with achieving, maintaining and/or evaluating an appropriate result”*

**5. Initiative**

*Defined as “readiness to embark on new ventures or to initiate actions to address needs or issues”*

How do you rate the following?

(Mark ‘X’ on the line to reflect your assessment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Performance |  |  |  |  |

Poor Satisfactory Excellent

How do you rate the following?

(Mark ‘X’ on the line to reflect your assessment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Aptitude |  |  |  |  |

Poor Satisfactory Excellent

How do you rate the following?

(Mark ‘X’ on the line to reflect your assessment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Experience |  |  |  |  |

Poor Satisfactory Excellent

How do you rate the following?

(Mark ‘X’ on the line to reflect your assessment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Responsibilities |  |  |  |  |

Poor Satisfactory Excellent

How do you rate the following?

(Mark ‘X’ on the line to reflect your assessment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Initiative |  |  |  |  |

Poor Satisfactory Excellent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overall Outcome/Rating\*** |  |  |  |  |

**Poor Satisfactory Excellent**

**\* Needs to attain a satisfactory or above rating on all criteria**

Panel Comments

Part 3: Performance Review & Development Plan

Manager:

[ ]  Confirmed that the employee has complied with all requirements of a current Performance Review & Development Plan and a copy of the plan was attached.

[ ]  Could not confirm that the employee had complied with all requirements of a current Performance Review & Development Plan and a copy of the **plan was attached**.

[ ]  Could not confirm that the employee had complied with all requirements of a current Performance Review & Development Plan and a copy of the **plan was not attached**.

Part 4: Allied Health Peer Assessment Panel Outcome of Assessment

|  |
| --- |
| **Panel Recommendation** |
| **CHAIRPERSON (HR)**Signed Name Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  | [ ]  YesThe application has been assessed and is recommended to progress to AHP2.Increment Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_[ ]  NoThis application has been assessed and is not recommended to progress to AHP2 at this stage as detailed in the above document. Following further progress of a collaboratively agreed Performance Review and Development Plan process, reconsideration of this application can occur at any time. |
| **PROFESSION SPECIFIC AHP PANEL MEMBER**Signed Name Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  | **AHP MANAGEMENT PANEL MEMBER** Signed Name Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  |

|  |
| --- |
| **Delegate Approval** |
| Signed Name Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  | Comments (optional): |

Part 5: Evaluation Process

For comments and/or recommendations on this process or templates, please send contact your local HR.

Human Resources use only

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| Applicant advised of outcome |       |       |
| Processed on CHRIS |       |       |