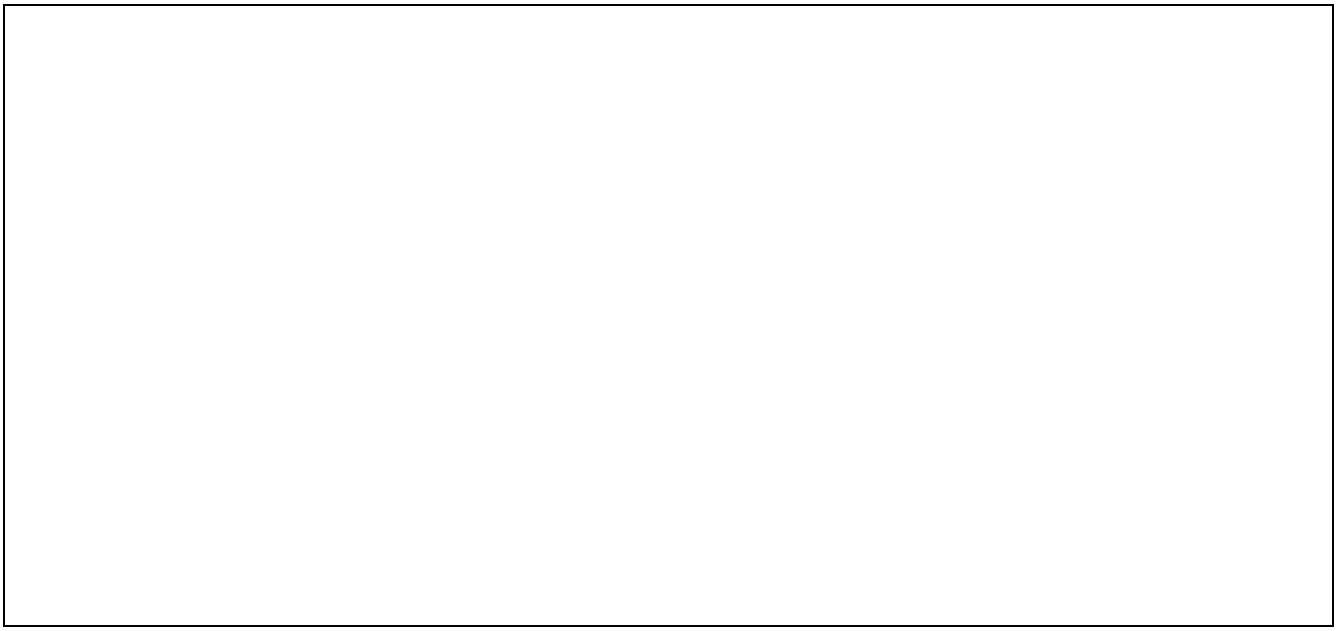
Achievement and Development Review Form

FOR EDCUATION AND RESEARCH STAFF

PLEASE ACCESS THE ADR GUIDANCE TO SUPPORT YOU IN COMPLETING THIS FORM

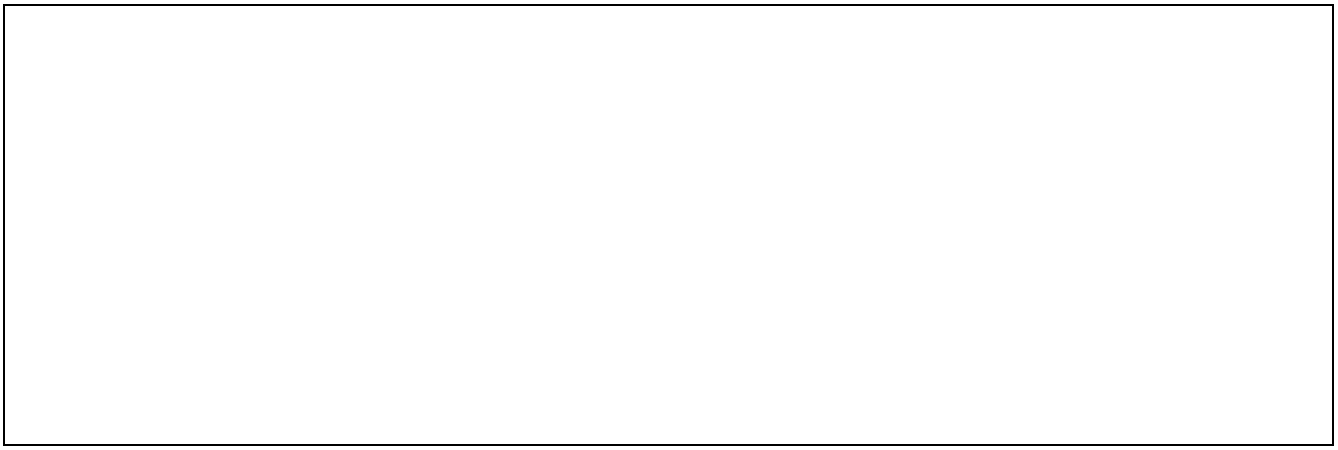
Reviewee name:		**School/Division:**	
Reviewer name:		**Date of meeting:**	

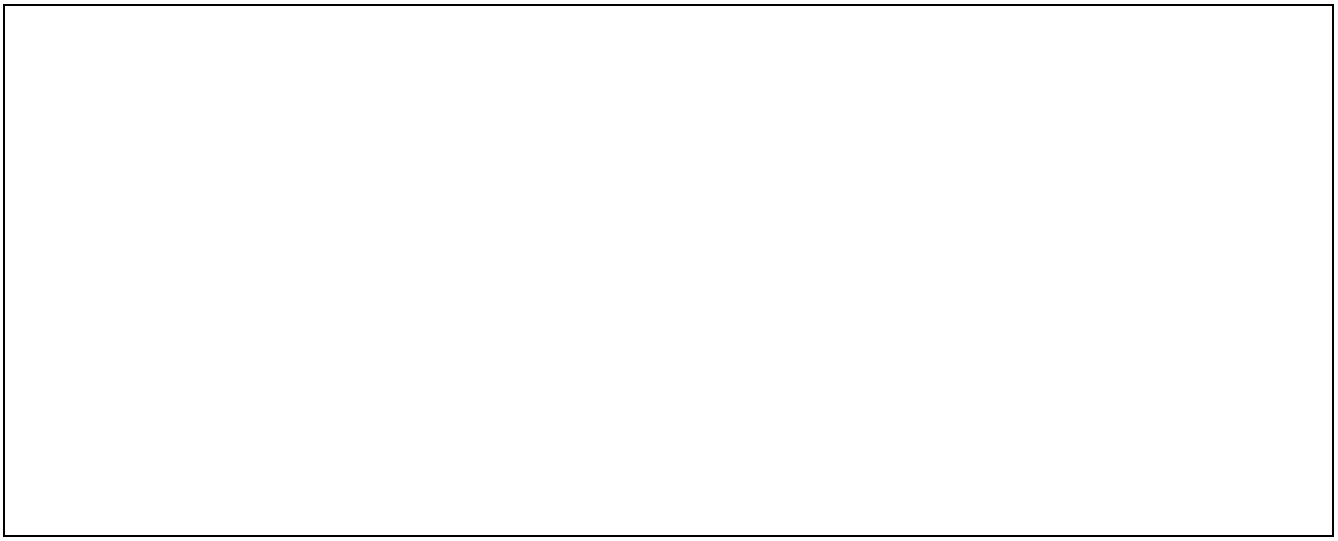
BEFORE THE MEETING



PART 2: OBJECTIVES FOR THE FORTHCOMING YEAR

Objective	How and when you intend to achieve this





PART 4: REFLECTION

Academic Freedom & Freedom of speech

Wellbeing

Equality, Diversity, and Inclusion

PART 5: REVIEWER COMMENTS (Completed by the REVIEWER)

Mandatory Training

Has mandatory training been completed: YES ☐ NO ☐
If not, please agree a date by which mandatory training will be completed (at the latest within 3 months of ADR meeting):

Agreed date for completion of mandatory training:
