

Report of Initial Meeting

NAME:

DEPARTMENT:

REDEPLOYED POST TITLE:

EFFECTIVE DATE OF REDEPLOYMENT:

EXPIRY DATE OF THE 12 WEEK TRIAL PERIOD:

Skills/Performance Standards/Training Required
(These must have been identified through reference to the personnel specification for the post)

Agreed Dates for Review Meetings:

4 Week Review:

8 Week Review:

11 Week Review:

Redeployed Member of staff's signature:

Date: _____

Line Manager's signature:

Date: _____

CC: HR Business Partner

Entered on Database:

Entered By: _____

Date: _____