

**Review Meeting**  
**First/Intermediate/Final\* (delete as appropriate)**

**NAME:**                      **DEPARTMENT:**

**DATE OF MEETING:**

**REDEPLOYED.POST TITLE**

**EFFECTIVE DATE OF  
REDEPLOYMENT:**

**EXPIRY DATE OF 12 WEEK  
TRIAL PERIOD:**

**Standard of Work:**    **Satisfactory**     **Unsatisfactory**

**Line Managers Comments/Recommendations**

(These must be based upon the skills and performance standards identified at the initial meeting on taking up the redeployed post.

Should any deficiencies in performance be identified these must be recorded along with the actions required to enable skills and performance standards be achieved)

**Comments    (From the member of staff)**

**Final Review Only**

Has the trial period been successful? Yes  No

If the redeployment is not confirmed please state the reasons.

**Redeployed Member of staff's signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Line Manager's signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Entered on Database:**

**Entered By:** \_\_\_\_\_

**Date:** \_\_\_\_\_