



# ANNUAL STAFF REVIEW

Name	Division
Review From..... to .....	
<b>A. Main Activities and Key Tasks during the review period</b> (Attach a current Job Description if available)	
<b>B. What went well?</b>	
<b>C. What areas caused you difficulties and why?</b>	

**D. Summary of Discussion, including Action Points**

**E. Key Tasks for the Coming Year**

<b>Signed:</b> (Reviewee)	<b>Date:</b>
<b>Signed:</b> (Reviewer)	<b>Date:</b>
<b>Signed:</b> (Director or Nominee)	<b>Date:</b>