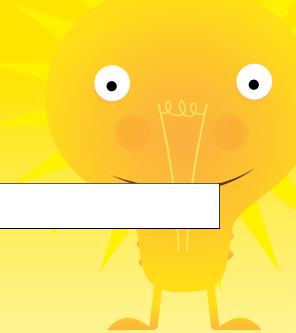
ECG PERFORMANCE FRAMEWORK

PERFORMANCE AND DEVELOPMENT PLAN



Name: | Supervisor(s):

Business unit: | Plan timeframe: / / to / /

Section/team: | Review date: / /

PERFORMANCE PLANNING DISCUSSION

KEY DELIVERABLES/OUTPUTS/TASKS

Tip: what areas of your business plan do you contribute to and, if you are a manager, how you will lead your staff?

KEY OUTCOMES AND MEASURES OF SUCCESS

Tip: try using evidence based measures such as targets

ACTUAL PERFORMANCE AT START DATE OF PLAN

Supervisor Tip: be specific about your expectations.

HOW WILL I APPLY ECG VALUES AND BEHAVIOURS TO ACCOMPLISH BETTER SERVICES AND OUTCOMES FOR THE ECG?

Tip: Respect, Integrity, Collaboration and Innovation

SELF REFLECTION: AREAS FOR MY CAPABILITY DEVELOPMENT

Tip: pinpoint strengths/ areas for improvement.

MY LEARNING & DEVELOPMENT ACTIVITY PLAN

Tip: this doesn't have to be formal learning—what about job swaps?

SUPERVISOR COMMENTS AT START DATE OF PLAN

Supervisor Tip: further information is available for Supervisors on aspects of performance and development planning.

HOW COULD MY SUPERVISOR BEST SUPPORT ME?

Tip: this is your chance to give your manager feedback on their performance

PERFORMANCE SUMMARY

AGREEMENT TO PLAN

Staff / Team members' agreement with this plan:
Signature: Written feedback attached: ☐ Y ☐ N
Date:

Supervisor's agreement with this plan:
Signature: Written feedback attached: ☐ Y ☐ N
Date:

MID-CYCLE REVIEW

Supervisor's comments on progress since plan date:
Signature: Written feedback attached: ☐ Y ☐ N
Date:

Employee's comments on progress since plan date:
Signature: Written feedback attached: ☐ Y ☐ N
Date:

FINAL REVIEW

Supervisor's comments on progress since plan date:
Signature: Written feedback attached: ☐ Y ☐ N
Date:

Employee's comments on progress since review date
Signature: Written feedback attached: ☐ Y ☐ N
Date: