**Capability Improvement Form (CIF)**

*This is a template form only and can be amended as necessary to reflect the circumstances/needs of the individual case.*

During the review period, the employee will be regularly monitored to assess if identified improvement(s) are being made. If the expected outcomes are not achieved/improvements attained, more formal action may be initiated under the relevant procedure.

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| **Name of employee**  |  |
| **Job title**  |  |
| **Department**  |  |
| **Date of Meeting** | eg 01/11/15 |
| **Dates of Previous Meetings** | ie first meeting to set objectives 01/05/15, first review meeting 01/08/15 |
| **Name(s) of other attendee(s)** |  |

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|  | **Performance Improvement Required:** | **Expected & Required Outcome/Measurement** | **Support/ Dependencies** | **Review Date** | **Outcomes** | **Met/Partially Met/ Not Met** |
| **1** | *Clearly outline the area of improvement that is required as specifically as possible. This can be task based/behavioural/change to approach of current practice.*  | *Explicitly outline the expectation of the requirement, detailing how this could be reached if necessary and what outcomes will be measured against.* *If there are a number of incremental outcomes required then outlined the specific milestone dates that outcomes are expected by.*  | *Any related individuals that have dependencies on this ie requiring support from xxx**And/or if there are any training requirement, mentoring support that will be provided.* | *This is the date that the progress will be reviewed- depending on the length of time the objective will take to be delivered, this can be an interim review or to conclude an outcome* | *The employee should fill this in to out to keep a log of outcomes to demonstrate improvements and to provide evidence of where any deadlines may have slipped and why, this should be provided to the manager before the review meeting date.*  | *The manager should fill this out to record what has/has not been met; this should include any justification/narrative as to why to be discussed at the informal meeting.* |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Additional Comments by Employee:** | **Signed:** | **Date:**  |
| *Note: Any additional comments should be made here as to where they feel their performance progress may have been impacted (external influences or exceptional circumstances/any further support or training requirements needed etc)* |