

Academic Probation – Request for Confirmation of Appointment

Probationary staff members are notified of their up-coming probation review with sufficient time to assemble the relevant documentation in support of confirmation of their appointment.

Probationary staff members should utilise information that is available in Performance Development Online (PDO), including supporting evidence used in their Performance Development Portfolio. Please also see [Performance Development Portfolio - Sample Contents](#).

The staff member must submit the completed form (sections 1 to 4) and all accompanying documentation (including performance development plans) to the head of unit for consideration at least two weeks prior to the Appointment Review Committee meeting (as specified in the probation review advice letter).

1 – ORGANISATIONAL UNIT & STAFF MEMBER'S DETAILS	
Staff Member's Name	Faculty
Personnel Number	Department / School / Centre
Position Title	Campus
Level	Fraction (or substantive fraction where applicable)
Commencement date of appointment	Expiry date of probation period
Appointment Type (E.g.: Teaching and Research / Education-Focused)	Extended periods of leave not counted towards service for probation (please include all date ranges)
Business Phone Number / Mobile Number	Email Address

2 – RELEVANT PERSONAL CIRCUMSTANCES
<p>Staff are encouraged to ensure that their request for confirmation clearly specifies any relevant personal circumstances. The achievements of the staff member will be assessed relative to the opportunities available to the staff member during the relevant period. Staff are not required to describe specific details about sensitive issues however should explain the impact the circumstances have had on any of the three areas of activity relevant to the staff member's career progression during the period of probation.</p> <p>a) Please indicate which relevant personal circumstance applies. Staff may choose multiple circumstances, if applicable.</p> <p><input type="checkbox"/> Family responsibilities (for example child rearing, elder care, illness of a partner or dependant)</p> <p><input type="checkbox"/> A temporary or permanent disability</p> <p><input type="checkbox"/> Periods of part-time work</p> <p><input type="checkbox"/> Relevant cultural expectations or circumstances</p> <p><input type="checkbox"/> Absences due to ill-health or injury</p> <p><input type="checkbox"/> Other (please specify)</p>

b) Please explain the impact of the relevant personal circumstance(s) on the relevant areas of academic activity (research, education or service).

Note: Text boxes are expandable

3 – STAFF MEMBER STATEMENT (IN SUPPORT OF CONFIRMATION OF APPOINTMENT)

Prepare a brief statement in each of the academic achievement areas of research, education and service, designed to satisfy the Committee that the criteria for confirmation have been met.

Note: Text boxes are expandable

3.1 – RESEARCH

3.2 – EDUCATION

3.3 – SERVICE

4 – Attachments

Please list the attachments included in your request for confirmation.

Note: Text boxes are expandable

Staff Member Acknowledgement

Signed:

Name:

Date:

5 – HEAD OF UNIT RECOMMENDATION

This section requires the Head of Unit to:

- 5.1 indicate whether confirmation of appointment is supported for the staff member; and
- 5.2 confirm the staff member has satisfied the probation conditions as set out in the original letter of offer (including performance standard targets) and provide comments on whether s/he has done so within the context of his/her performance development plan. This section also allows for the Head of Unit to provide any additional comments they would like to make in support of their recommendation.

5.1 – Recommendation

Head of Unit recommendation Confirm Not confirm* Extend Probation*

If an extension is being recommended, indicate the length of the extension*:

6 months 12 months 18 months 24 months Other _____
(please specify)

* If extension or non-confirmation is being recommended, please complete section 5.2 of this form.

5.2 - Probation Conditions and Comments

Where the staff member has not met a condition of probation, please indicate the area for improvement in the list below.

Graduate Certificate of Academic Practice (GCAP) or Graduate Certificate in Health Professional Education (GCHPE) or equivalency	<input type="checkbox"/>
PhD (where required)	<input type="checkbox"/>
Minimum requirements for research performance standards	<input type="checkbox"/>
Minimum requirements for education performance standards	<input type="checkbox"/>
Minimum requirements for service performance standards	<input type="checkbox"/>
Performing the duties consistent with the position classification standard for the relevant academic level	<input type="checkbox"/>
Making an ongoing contribution to the work of the unit	<input type="checkbox"/>
Other – please list:	<input type="checkbox"/>

Comments

This section allows for any additional comments in support of the recommendation.

Where the staff member has not met a condition of probation, please address the required level of improvement in this section.

Note: Text boxes are expandable

Head of Unit Signature

Signed:

Name:

Date: