

**MONITORING FRAMEWORK**

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| **Employee’s Name:** |  |
| **Job Title:** |  |
| **Band:** |  |
| **Mentor’s Name:** |  |
| **Stage of Capability:** |  |
| **Date Commenced:** |  |

**Guidance for Completion**

The competency statements should be completed on either a daily or weekly basis by both the employee and designated mentor in order to review the employee’s performance during the relevant stage of the Capability process.

The employee and mentor should agree to meet on a daily or weekly basis to review performance and support required.

**Rating Scale**

The following rating scale should be used to assess the employee’s competence:

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| --- | --- |
| **RATING SCALE** | **LEVEL OF COMPETENCE** |
| **1** | Can perform this activity but not without constant supervision and assistance |
| **2** | Can perform this activity satisfactorily but requires supervision and frequent prompting throughout |
| **3** | Can perform this activity satisfactorily but still requires some supervision and assistance |
| **4** | Can perform this activity satisfactorily without supervision or assistance, however takes an excessively long time in doing so |
| **5** | Can perform this activity to a satisfactory standard and to within more than acceptable speed |
| **6** | Can perform this activity to a satisfactory standard, with a more than acceptable speed and used initiative to solve problems |

**DAILY/ WEEKLY\* COMPETENCY STATEMENT TEMPLATE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COMPETENCY STATEMENT:** | {Insert employees name} | | | **Date:** | {Insert date} | |
| Daily/ Weekly\* Work Plan: please discuss all activities to be undertaken during the shift/ for the weekly shifts\* | | | | | | |
| **Activities to be Undertaken** | | **Method of Assessment** | | **Mentor Rating Scale Outcome** | | **Employee Rating Scale Outcome** |
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| Mentor Feedback: Provide real examples of what was subject to assessment and your view on the employees progress | | | | | | |
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| Employee Feedback: Provide real examples of how you applied knowledge and skills regarding the identified activities above. | | | | | | |
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| Identify Any Further Support Required: | | | | | | |
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| Agreed Action Points: | | | | | | |
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| Employee Signature: |  | | Date: |  | | |
|  | | | | | | |
| Mentor Signature: |  | | Date: |  | | |
| *\* Delete as appropriate* | | | | | | |
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