

***Health Education England***

**North West Office**

To be completed by the Appraiser and submitted to Clinical Lead after each appraisal.

Please retain a copy for the purposes of shared learning outcomes at the appraisal meetings

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| **Appraiser name** | **Appraisee name**  **Date of appraisal** |

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| **Arranging the appraisal.** |
| What went well? |
| What would you do differently if you were doing it again? |
| Learning outcome |
| **Conducting the appraisal** |
| What went well? |
| What would you do differently if you were doing it again? |
| Learning outcome |
| **Constraints and difficulties** |
| Were there any problems encountered that had a positive or negative impact on the appraisal and its outcome? (these might include your, or the Appraisee state of health, the suitability of the meeting room, attitude of the Appraisee, equality and diversity issues) |
| Learning outcome |

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| **Your signature: Date:** |

Thank you for completing this self-reflection form. It will be used at your annual review to assist you as you reflect over the year and the appraisal’s you have undertaken.

Please forward to [dentalappraisal.nw@hee.nhs.uk](mailto:dentalappraisal.nw@hee.nhs.uk)