

**DETI CHAIR/BOARD MEMBER - ASSESSMENT OF PERFORMANCE
2009/10**

Assessment of performance should not be restricted to the annual completion of the appropriate paperwork. It is an ongoing process which should be conducted in an open and honest manner at all times. Where shortcomings are evident, they should be approached in a positive way, with the initial emphasis on identifying development needs.

The Process

- Sponsor Branch completes Part 1 of the proforma in respect of each Chair/member.
- Assessor copies Part 1 and Part 2 (blank) to the individual and sets up meeting
- Individual considers his/her contribution under each of the headings
- Assessor and individual meet to discuss and agree the detail of Part 2
- **All sections must be completed** and appropriate supporting comments and examples provided, as these assessments will be used as part of the re-appointments process
- Assessor consults with the Endorsing Officer at a mutually agreeable stage prior to the completion of the process. *This can be in advance of the Assessor meeting with the individual or it can be after the individual has been interviewed*
- The Endorsing Officer is responsible for ensuring that any necessary action on issues arising, has been taken before signing-off and submitting to DETI's Public Appointments Unit

The information contained in this performance appraisal may be shared with other Government departments.

PROTECT – APPOINTMENTS

PART 1 (*Sponsor Branch to complete before passing to the Assessor*)

Name of Individual: _____ Body: _____

Position held: _____ Period of assessment: _____

Date of first appointment: _____ Current appointment expires: _____

Name of Assessor: _____

Name of Endorsing Officer (Sponsoring DETI Official): _____

TIME COMMITMENT

1. Number of board meetings held during the assessment period? _____
2. Number of board meetings attended during the assessment period? _____
3. Please complete the table below giving details of committee membership and meetings attended during the assessment period (including sub committees & working groups).

Type of Committee			
Position held (Chairman/Member)			
Number of meetings during assessment period			
Number attended			

4. If attendance rates at meetings are considered less than satisfactory by the Assessor, please record the reason(s) given:

PART 2

ASSESSMENT - All sections **must** be completed and appropriate supporting comments and examples provided.

Please give your assessment of the individual's contribution in the following areas of the board's work by ticking the appropriate box and commenting in support of your rating.

Leadership Skills	Very Good	Good	Adequate	Low
Comments				
CHAIR SPECIFIC				

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Teamwork	Very Good	Good	Adequate	Low
Comments				
Communications	Very Good	Good	Adequate	Low
Comments				
Constructive Challenge	Very Good	Good	Adequate	Low
Comments				
Strategic Thinking	Very Good	Good	Adequate	Low
Comments				
Analytical & effective decision making skills	Very Good	Good	Adequate	Low
Comments				
Overall assessment of contribution to the work of the board	Very Good	Good	Adequate	Low
Comments				
Please list areas for further development or training identified during this assessment				
Comments				
*delete as appropriate				
OVERALL PERFORMANCE IS SATISFACTORY/UNSATISFACTORY				
If performance is less than satisfactory, provide details of discussion with the individual				
If the current appointment is due to expire within the next 12 months, would you recommend re-appointment and, where appropriate, would the individual be willing to accept a further term?				
Comments				

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PROBITY/CONFLICT OF INTEREST

Have there been any instances of failure to adhere to the Principles of Public Life and Codes of Conduct & Accountability?

**delete as appropriate*

YES/NO

If yes, please provide details:

Has the individual taken up any other appointments, employment etc during the year?

**delete as appropriate*

YES/NO

If yes, please provide details:

If other appointments, employment etc have been taken up, are you satisfied that no conflict of interest arises as a result? *If a conflict of interest is identified the department, in conjunction with the individual Board member and Chairperson (if appropriate) will need to give careful consideration to how this can be managed.*

**delete as appropriate*

YES/NO/NOT APPLICABLE

If no, please provide details:

Signed.....

Assessor

Date.....

Individual's comments on the assessment

Comments

DECLARATION BY THE INDIVIDUAL

I can confirm that I am aware of and am committed to, the seven principles of public life as defined by the Committee on Standards in Public Life. I understand that I must raise with the Chairman or the Department, any probity or conflict of interest issues that might arise during my term of appointment and that my failure to do so could lead to my appointment being terminated.

Signed.....

Individual

Date.....

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ENDORSEMENT

I have reviewed the detail of this assessment and am satisfied that any issues arising are being dealt with.

Signed..... Date.....
Sponsoring DETI official