FOR ED ATION AND RESEARCH STAFF

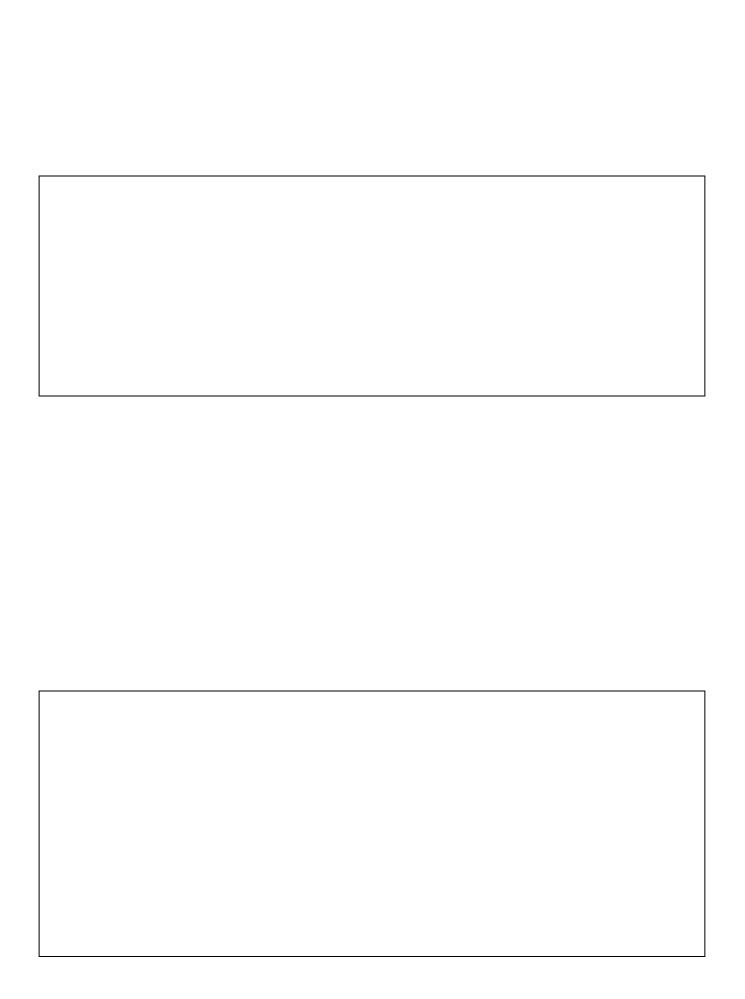
PLEASE ACCESS THE ADR GUIDANCE TO SUPPORT YOU IN COMPLETING THIS FORM

Reviewee name:	School/Division:	
Reviewer name:		



PART 2: OBJECTIVES FOR THE FORTHCOMING YEAR

How and when you intend to achieve this	



PART 5: REVIEWER COMMENTS (Completed by the REVIEWER)

N	Mandatory Training	
lf w	las mandatory training been completed: YES NO not, please agree a date by which mandatory training will be completed (at the latest within 3 months of ADR meeting): Agreed date for comp letißb emandator ailidabbeteTN mc((thei ß-6 3 (D (&5 (k@ndat)-6(oJJ-0Tw 3t kpText)	nt.2 (t) OT d e