## Employee Suitability Assessment Report

*This form is may be completed electronically (remove blank rows) or printed for completion.*

### Section 1 – Vacancy Details

|  |  |
| --- | --- |
| **Position Title:** |  |
| **Position No:** |  |
| **Agency:** |  |
| **Position Status:** | 🞎 Permanent.🞎 Fixed-term – from............../...................../...............  to ................/......................./................ |
| **FTE / work pattern:** | 🞎 Full-time.🞎 Part-time –Work pattern (days/hrs)...................................................... |

### Section 2 – Referred Employee Details

|  |  |
| --- | --- |
| **Name:** |  |
| **Agency:** |  |
| **DOB and Age:** |  |
| **Substantive Award and Classification:** |  |
| **Date of Referral:**  |  |
| **FTE / Work Pattern:** |  |

*(Please complete a separate suitability assessment report for each employee who is referred for assessment).*

### Section 3 – Assessment

|  |  |
| --- | --- |
| **Date of Assessment:** |  |
| **Method of Assessment:** | 🞎 Discussion with employee – (recommended method)🞎 Other (only with approval from SSMO). |
| **Recommendation:** | 🞎 Suitable for transfer.🞎 Suitable for trial placement🞎 Not suitable for transfer. |

### Section 4 – Training and Development

|  |
| --- |
| *Specify any additional training and development that is required outside that which would normally be expected by a new appointee.* |
| *Specify any financial assistance you are seeking from the employee’s Agency in respect to the provision of this training?*  |

### Section 5 – Reasons Supporting the Assessment

|  |
| --- |
| *Specify the reasons for the panel’s assessment. If the panel has assessed the applicant as unsuitable and would not be suitable within a reasonable period of time given appropriate training and support, or a trial placement is being recommended, the panel must provide sound reasoning on how they have come to this recommendation. Rationale should focus on the selection criteria and duties of the position.* *Any input from referees considered in the decision is to be documented here also.* |

### Section 6 –Assessment Panel

*Please ensure all documentation provided by the referred employee, including CV, and any other relevant information that formed part of the assessment including referee reports are attached to this report.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Manager/Supervisor for Vacant Position** | **Other Panel Member** | **Agency HR Panel Member1** |
| **Name:** |  |  |  |
| **Position Title:** |  |  |  |
| **Signature:** |  |  |  |
| **Date:** |  |  |  |

1*Appropriate representative of the HR Branch of the Agency in which the vacancy exists; or a person who has a good understanding of the suitability assessment process in the context of position management and MPSS.*

|  |  |
| --- | --- |
| **Was the referred employee accompanied by a support person?** | 🞎 Yes – Specify name and their role .......................................................................................... ..........................................................................................🞎 No |

### Section 7 –Business Unit Head

|  |  |
| --- | --- |
| **Assessment panel’s recommendation is:** | 🞎 Supported🞎 Not Supported |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Contact No:** |  |

### Section 8 – Agency Approval Process

*Cleared by HR*

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

*Deputy Secretary (or delegate) (delete if not part of agency process)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

*Secretary (or delegate)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

### Please return form to the HR Branch