**Annual Review** **Form**

|  |  |
| --- | --- |
| Name : | Date of I:1 |
| Q1. **In brief Tell me about your experiences as a QIP member over the last 12 months?** | |
| Q2 What do you feel is QIPS biggest and achievement and why over the last 12 months | |
| Q3. What do you feel your strengths are within QIP? | |
| Q4. What do you feel are not your strong points? | |
| Q5. Is the QIP meeting your expectations Yes/No and why? | |
| Q6. What have you done about your personal development since the last review and feedback? | |
| Q7. What further development do you feel you need that we can support you with, in the role? | |
| Q8. Feedback From Project Officer | |
| Q9. Development Needs Identified | |
| Q10. What are you going to do about your personal development/How we going to support You. | |