### ANNUAL CONVERSATION

An annual conversation is a mandatory re-certification requirement for all Fellows in Australia and Aotearoa New Zealand. It may be counted for up to 5 hours as a Category 1 (Reviewing Performance) CPD activity.

Complete sections 1 – 13 prior to the conversation. Section 14 is to be completed by the Reviewer.

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| **Your Name** |  |
| **Your Signature** |  |
| **Name of Reviewer (Supervisor, Colleague, Peer, Other).** |  |
| **Reviewer Signature** |  |
| **Date** |  |

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| 1. Your primary position and location of work |  |
| 1. Full or Part Time |  |
| 1. Nature of work performed during normal duties |  |
| 1. Your secondary position(s) (if applicable) |  |
| 1. Nature of work performed during normal duties in secondary position(s) |  |
| 1. Total hours worked per week including on-call roster |  |
| 1. College or other professional association activities (estimate of time spent) |  |
| 1. a. Review of last year    1. Successes |  |
| * 1. Opportunities for improvement |  |
| 8.3 What have you learned to enhance the cultural safety, health equity and professional and ethical behaviour within your practice. |  |
| 1. Agreed outcome expectations for the next year |  |
| 1. Formation of Professional Development Plan (PDP) for coming year – aims, actions and method of review   (attach) |  |
| 1. Satisfaction with position and suggested resources to improve satisfaction and performance e.g., staff, equipment and facilities |  |
| 1. Wellbeing and self-care issues – health and work-life balance |  |
| 1. Future career aspirations – what would like to start doing, stop doing and continue to do? |  |

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| 1. Summary   To be completed by Reviewer |  |