



RINGWOOD SEALS SWIMMING CLUB  
ANNUAL APPRAISAL

Name:	Period of review	From:
Position:		To:
		Length of time in post:

**1. YOUR OBJECTIVES FOR THE REVIEW PERIOD.**

**2. PROGRESS TOWARDS THE ACHIEVEMENT OF OBJECTIVES AND FACTORS INFLUENCING RESULTS.**

**3. WERE THERE ANY OBSTACLES TO YOU ACHIEVING YOUR OBJECTIVE? WHAT STEPS CAN YOU/THE CLUB TAKE TO OVERCOME THESE OBSTACLES?**

**4. TRAINING, DEVELOPMENT AND EDUCATION UNDERTAKEN DURING THIS PERIOD INCLUDING DATES AND DETAILS OF CERTIFICATES (COPIES PLEASE).**

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**5. OTHER COMMENTS INCLUDING ANY SUGGESTIONS OF IMPROVEMENTS THAT THE CLUB CAN MAKE.**

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**6. PLANNED OBJECTIVES FOR THE NEXT REVIEW PERIOD.**

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**7. GENERAL COMMENTS INCLUDING DETAILS OF ANY QUERIES OR FEEDBACK REQUIRED.**

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Signature (Volunteer)	Date
Signature (Club Official)	Date