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Pulse
AHP & HSS

Annual Appraisal Form – Allied Health and Health Science Services

Pulse Associate's Name:

Professional Registration Number (if applicable):

Note to Pulse Associate

- Pulse will require you to be appraised at least annually by a senior practitioner of the same discipline who is entered on the HPC's List of Registered Health Professionals or the GPhc professional register, where applicable.
- You should maintain a written portfolio of your professional experience and attendance at professional development courses, which should also include a written and agreed Personal Development Plan as agreed at your appraisals.

Date of most recent appraisal:	
Appraisal completed by:	
Appraiser Job title, Specialty and Band:	
Appraiser Professional Registration Number:	
Appraiser Contact Details	
(Address and Telephone Number)	

I confirm that I have had an appraisal with the above named Professional. The appraisal was completed in line within the approved NHS Appraisal System, which includes 360⁰ feedback. In addition I confirm that the appraiser is appropriately trained to complete this appraisal.

Signature of Associate:

Date of Signature:

For Pulse Use Only

Appraiser Internet Check

Date checked: / /

On professional register? Yes ☐ No ☐

Internet check attached? Yes ☐ No ☐

Next appraisal due

Next appraisal due one year from date completed.

IQX updated? Yes ☐ No ☐

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