# LeedsUniBlackInterview Panel Minutes Sheet

This form should be used to record decisions made by interview panels. The information should then be entered into the e-recruitment online system.

**Recruitment paperwork**

Please note; the following recruitment paperwork must be scanned and uploaded to the e-recruitment system:

* Panel notes (Interview panel assessment forms, notes on candidates including reasons for non-appointment)
* All notes from short listing
* Interview panel progress sheet (if used)

|  |  |  |  |
| --- | --- | --- | --- |
| **Job reference number**: |  | **Date of panel**: |  |

1. **THE PANEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Chair ✓** | **Departmental ✓** | **Independent ✓** | **HR Rep ✓** |
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1. **SHORTLISTED CANDIDATES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Appointable (Y/N)** | **Suggested salary** | **Probation period** | **Reason for non-appointment** 1. Appointable but not first choice 2. Not met criteria 3. Overseas but appointable EEA 4. Other (give details) |
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1. **APPOINTMENT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | | First Name: | | | Last Name: | |
| Grade: | Spinal point: | | Salary: | Clinical pay structure/grade (if applicable): | | |
| Job Title: | | | | | | |
| Faculty/Service: | | | | School/Institute/Department: | | |
| Contract start date: | | | | Tenure of post/contract end date: | | |
| FTE: | | | | Probationary period: | | |
| Is the individual FHEA accredited (or equivalent)? | | | | YES | | NO |
| Equivalent professional recognition may need to be discussed with OD&PL | | | | YES | | NO |
| If no, is accreditation a requirement of probation? | | | | YES | | NO |

**Offer is subject to:**

|  |  |  |
| --- | --- | --- |
| Satisfactory References | YES | NO |
| Copies of Certificates/qualifications as required in the Person Specification | YES | NO |
| Other (e.g. CRB, Honorary contract) – please specify: | | |

1. **SIGNATURES**

**Chair:** Signature ………………………………….……. Name …………………………………… Date ……………….

**HR Rep:** Signature ……………………....…..….………. Name …………………………….…… Date …………….…

**Note for HR:** If accreditation of FHEA is a requirement of probation, please retain a copy of this form so that the probation advisor can be informed.