

## Model Sign off form for Pay Thresholds

Doctors Name.....

Year.....

Date threshold one due:

Date threshold two due:

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Please tick appropriate boxes to confirm completion of Incremental criteria:

- Participated in appraisal process
- Made every reasonable effort to meet objectives
- Made every reasonable effort to fulfil job plan
- Participated in job planning process

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Additional Criteria for passing through Threshold 1:

- Made every reasonable effort to participate in 360 degree appraisal and feedback

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Additional Criteria for passing through Threshold 2:

- Made every reasonable effort to participate in 360 degree appraisal and feedback
- Demonstrated increasing ability to take decisions and carry responsibility without direct supervision
- Provided evidence to demonstrate contribution to a wider role

Fulfilled criteria to progress through Threshold 1 / Threshold 2

Specialty Doctor/Associate Specialist:

Signature..... Date.....

Clinical Manager:

Signature..... Date.....