Evaluation Form

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| **Employee Information:** |
| Seafarer’s Name: | Date of Review: |
| Department:  | Vessel Name: |
| Rank: | Date of Evaluation: |
| Immediate supervisor: | Length on board: |
| **Reason for Evaluation:** |
| [ ]  Mid-contract | [ ]  Master leaving vessel | [ ]  Seafarer leaving vessel | [ ]  Follow-up review  |
| [ ]  Other | Specify: |

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| **Assessment of key Performance Requirements:** |
| The statements below describe “Effective” performance relative to the job/rank of the seafarer. |
| Assess the seafarer’s performance in comparison to the requirements, by checking the appropriate box. | Highly Effective | Effective | Improvement Required **\*** |
| 1 | Knowledge of and Ability to do the job* Always complies with Company rules and procedures
* Always carries out duties as instructed
* If unsure about an allocated work task, always asks for clarification before starting the job
 | \_\_ | \_\_ | \_\_ |
| 2 | Safety and Environment* Always carries out tasks and duties in a safe manner
* Advises an Officer whenever he/ she becomes aware of an unsafe working practice / situation
* Always complies with Company Drug and Alcohol Policy
* Understands and complies with shipboard security procedures
* Complies with vessel environmental policies and regulations
 | \_\_ | \_\_ | \_\_ |
| 3 | Teamwork and Supervisory Skills* Performs tasks and duties assigned in a positive and willing manner
* Contributes to a harmonious onboard work environment
* Does not wait to be asked to provide help and support to fellow crew members
* Remains calm and level headed when under pressure
* Shows good motivation to learn
* Accepts additional responsibilities to improve knowledge and skills
* Organizes crew members to carry out duties if required
 | \_\_ | \_\_ | \_\_ |
| 4 | Personal Qualities* Acts at all times in a professional manner
* Shows respect to shipboard colleagues
* Takes pride in doing a good job
* Maintains a positive outlook
 | \_\_ | \_\_ | \_\_ |
| 5 | Effective Communication Skills:* Demonstrates English language level to the appropriate rank
* Is effective in communicating ideas to fellow crew
* Is effective with written tasks as needed
 | \_\_ | \_\_ | \_\_ |

\*When Improvement is required, the Appraiser MUST state below where specifically this is required

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| **Comments:** |
| Please provide on Seafarer’s overall performance. Highlight key strengths or areas needing improvement. |
| Appraisers Comments: |
| Specific actions or recommendations required for improvement:  |
| Seafarer’s Comments and/ or acknowledgement of understanding recommendations provided: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Appraiser’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Seafarer’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of Captain (if not appraiser)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Captain’s Signature Date

Recommended follow-up review date (if needed). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Upon completing the review: 1) make a copy for the Ship’s records; 2) provide the seafarer with the original; 3) and submit a scanned copy to the following address – evaluations@tdi-bi.com

(NOTE – this document is confidential. Please remember to remove any copies from the ship’s computer when you are finished).