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| 1. **Self-evaluation form** | | |
| 1. Name of team |  | |
| 1. Role |  | |
| 1. Name of team member completing this self-evaluation |  | |
| 1. Please rate yourself on each of the following skills by giving yourself a score out of 10 for each skill | | |
| 1. **Skills required (leader to transfer from Needs of the Team document)** | | 1. **Score** |
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| 1. What are your greatest strengths for this responsibility? Please explain. |  | |
| 1. In what areas will you require development? Please explain. |  | |
| 1. Do you have any evidence to support your strengths? For example, certificates, statements of attainment, references. |  | |
| 1. Please nominate one person that your leader can contact to find out more about your skills in this area. 2. *(if you are the leader for this role do not complete this section)* | 1. Name: 2. Do you give your permission for your role leader to contact this person? 3. 🞎 Yes 🞎 No | |
| 1. Signature of team member |  | |