|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generated | Appointment Review Notification | FORMA10FEB 2020 |
| When the appointment of an Adult Member is due for review, the person authorised by the Chief or Region Commissioner to interview the Adult Member is to complete the details below, and forward it to the Chief or Region Commissioner, respectively, who may elect to extend the Adult Member’s appointment for up to three years. The completed document is to reach State Office through your local Region Office prior to the scheduled review date. |

|  |
| --- |
| **DETAILS OF ADULT MEMBER** |
| MEMBERSHIP NO |  |  |  |  |  |  |  |  |
|  |
| Family Name |  | Given Names |  |
| Appointment  |  |
| Formation |  | Region |  |
| Adult Members Review Date |  | Date of Interview |  |

**RECOMMENDATION OF INTERVIEWER**

The Adult Member referred to above:

**[ ]**  is performing in a manner that I would recommend their appointment be extended, subject to acceptance of the Code of Conduct and undertaking any further training as agreed,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[ ]**  for a further 3 years from the Review Date | OR | **[ ]**  to  |  | (Date) |

 OR

**[ ]**  should be transferred to a more appropriate position, and therefore a Transfer Application is attached.

 OR

**[ ]**  is not performing in a satisfactory manner, and I would therefore recommend that their appointment NOT be renewed.

|  |
| --- |
| NOTE: This form will be accepted by Region and State Office as sufficient to action a resignation, provided |
| it is signed by the resigning Adult Member.  |
| Signature of Interviewer |  | Appointment |  | Date |  |
| Remarks |  |

**ADULT MEMBER’S ENDORSEMENT (optional for renewals)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Adult Member |  | Date |  |

**FORMATION ENDORSEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Adult Member-in-Charge |  | Date |  |
| Remarks |  |

**REGION ENDORSEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Region Commissioner |  | Date |  |
| Remarks |  |