

## INTERVIEW ASSESSMENT FORM

Job Title	
Division/Service	
Directorate	

Interview Date	
Name of Panel Member	
Chair	

This form should be completed by each member of the Selection Panel, for each candidate, during the interview and should be used to assess candidate responses against agreed interview criteria. These criteria should relate to the Job Description and Person Specification. Please maintain a record of any additional probe questions posed to candidates. Should you have any queries regarding the effective use of this form please contact your HR section.

<b>Scoring System</b>	<b>1</b> Unacceptable	<b>2</b> Fair	<b>3</b> Satisfactory	<b>4</b> Good	<b>5</b> Excellent
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Name of Candidate: .....

Initials of Questioner	Question	Comments	Score

**INTERVIEW ASSESSMENT FORM Continued**

Initials of Questioner	Question	Comments	Score

**TOTAL SCORE**

**Signed**.....

**Date**.....