

# Employee catch-up form

This form will be shared with: (Insert team; e.g., Support Team and Senior Management)

At: (insert place of work).

If there's anything you'd prefer not to include in this form but would still like to report, please reach out to:  
(insert name[s] and email[s] of contacts)

1. Email:

2. Manager conducting catch up (write "remote" if completing the form without a manager)

3. Employee name

4. Catch up date

5. Employee's primary place of work

6. Employee's primary department

7. Length of employment:

***Tick one box***

- ☐ 1 - 3 months
- ☐ 3 - 6 months
- ☐ 6 - 12 months
- ☐ 1 - 2 years
- ☐ 2 - 3 years
- ☐ 3+ years

8. Average weekly hours:

*Tick one box*

- ☐ 0 - 10 hours
- ☐ 10 - 20 hours
- ☐ 20 - 30 hours
- ☐ 30 - 40 hours
- ☐ 40+ hours

9. How would you rate your work/life balance?

*Tick one box*

	1	2	3	4	
Not very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very good

10. Have we been able to accommodate your requests/outside commitments?

11. Have any of the outside commitments that you've told us about changed at all?

12. What else could we do to cater for your outside commitments?

13. How have you enjoyed working here so far?

*Tick one box*

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A lot

14. Does anything stand out about what you like/dislike most about working here?

---

---

---

---

---

15. If anything, how can we improve your enjoyment at work?

---

---

---

---

---

16. Do you feel we provide a safe working environment?

---

17. Does anything about the safety of working here stand out for you?

---

---

---

---

---

18. Do you have everything you need to complete your duties?

---

---

---

---

---

19. Is there anything you need more of (or anything you think we're doing well at)?

---

---

---

---

---

20. What makes a shift at work enjoyable for you?

---

---

---

---

---

21. Can you think of anything that makes it less enjoyable?

---

---

---

---

---

22. What about your role do you like the most?

---

---

---

---

---

23. What about your role do you like the least?

---

---

---

---

---

24. How would you rate the training we provide?

*Tick one box*

	1	2	3	4	5	
It needs to improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It's very good

25. Have any training sessions stood out for you?

26. What training would you like to see in the future?

27. Is there anything we could do to achieve that?

28. Do you feel that your managers lead by example?

*Tick one box*

- ☐ Yes
- ☐ No
- ☐ Sometimes

29. Can you remember a specific time of your manager not leading by example?

30. Do you feel that all managers consistently lead by example?

---

---

---

---

---

31. How could managers better lead (if at all)?

---

---

---

---

---

32. Do you feel supported in your role?

*Tick one box*

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very supported

33. Can you remember a specific time when you felt supported by your manager?

---

---

---

---

---

34. Can you remember a specific time when you felt supported by your peers?

---

---

---

---

---

35. Can you remember a specific time when you supported others?

36. How could we improve the support we give you?

37. Do you feel recognised when you perform well?

**Tick one box**

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Other:

38. How could we make sure you feel that your achievements are recognised?

39. How do you like to receive recognition?

**Check all that apply**

- ☐ 1-1 (in-person)
- ☐ 1-1 (online)
- ☐ Group setting (in person, briefings)
- ☐ Group settings (online)
- ☐ None of the above
- ☐ I don't like to receive recognition

☐ Other:

40. Does your manager give you structured, critical, constructive feedback?

41. Can you remember a time when feedback was communicated well?

42. Can you remember a time when feedback was poorly communicated?

43. How would you like to receive feedback in the future?

**Check all that apply**

- ☐ 1-1 scheduled structured meetings
- ☐ Through message/email platforms
- ☐ At the time, in person
- ☐ After the shift, in person
- ☐ Before your next shift, in person
- ☐ Other:

44. Do you feel able to give your manager open and honest feedback and that it will be appropriately recognised and actioned?

**Tick one box**

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Other:



45. Does the company offer relevant perks?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very relevant

46. Which perks have you used?


47. What more could we do with our perks and benefits?


48. Would you recommend working here to friends?

*Tick one box*

- ☐ Yes
- ☐ No
- ☐ Maybe

49. Are any friends you've recommended currently working here?

*Tick one box*

- ☐ Yes
- ☐ No

50. If yes, who? And did you claim your referral bonus? (If applicable)

51. What are your goals here?

52. How could we help you achieve them?

53. Anything you'd like to add?