**Assessment of Merit Criteria**

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| **Name of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title of the position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Group:** Choose one element.  **Level:** Choose one element. |

**The form must be developed and completed based on the Statement of Merit Criteria you are using for the appointment. The following is provided as an example.**

**\* All merit criteria must be assessed individually.**

| **Merit criteria** | **Assessment justification** | **Additional Information**  **(if necessary)** |
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| Education | Choose one element. |  |
| Official Language proficiency | Choose one element. |  |
| ***For example:***  *Experience developing or implementing initiatives to improve services to clients* | Choose one element. |  |
| ***For example:***  *Knowledge of our activities* | Choose one element. |  |
| ***For example:***  *Strategic and analytical thinking* | Choose one element. |  |
| ***For example:***  *Oral Communication* | Choose one element. |  |
| ***For example:***  *Written Communication* | Choose one element. |  |
| ***For example:***  *Client focus* | Choose one element. |  |
| ***For example:***  *Willing and able to work overtime as required* | Choose one element. |  |
| Insert the appropriate merit criteria | Choose one element.  **If you need to insert additional rows, copy and paste the drop down menu cell** |  |
| This assessment should contain sufficient information, including additional information if necessary, to explain the assessment decisions to a third party in the event there is an informal discussion, a staffing complaint or a request for investigation following an appointment.  As the responsible Sub-delegated manager, I hereby confirm that my obligations, as outlined in the [Staffing Sub-Delegation – Attestation Form](http://iservice.prv/eng/hr/staffing/managers_corner/direction/accountability_framework.shtml#annex_A), are being met in the context of this appointment.  Sub-delegated manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |