Logo du club

Entretien professionnel

### Date de l’entretien : \_ \_ / \_ \_ / \_ \_ \_ \_

### Nature de l’entretien :

🞏 Entretien périodique (au minimum tous les deux ans)

🞏 Entretien proposé au salarié reprenant son activité (maternité, maladie…)

### Personne chargée de l’entretien :

Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Poste occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Lien hiérarchique avec le salarié : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### Salarié :

Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*Contrat de travail*

*Fiche de poste*

Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date de naissance : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date d’entrée dans l’entreprise : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Intitulé du poste actuel occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date de prise du poste actuel occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Classification (selon Convention collective) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Service : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Responsable hiérarchique : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Nature du contrat de travail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Durée du travail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

# 1/ Bilan de la période écoulée

### Précédent entretien professionnel :

**Date** : \_ \_ / \_ \_ / \_ \_ \_ \_

**Nature de l’entretien** :

□ Entretien périodique (au minimum tous les deux ans)

□ Entretien proposé au salarié reprenant son activité (maternité, maladie…)

**Nom et fonction de la personne chargée de l’entretien** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_\_

□ Pas d’entretien professionnel réalisé.

Motif : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

### Formations suivies et certifications acquises depuis le dernier entretien professionnel :

|  |  |  |
| --- | --- | --- |
| Intitulé | Période | Objectifs |
|  |  |  |
|  |  |  |
|  |  |  |

□ Pas de formation suivie

Motif : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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□ Pas de certification acquise depuis le dernier entretien

□ Pas d’éléments de certification (modules) acquis par la formation ou par la VAE (validation partielle des acquis de l’expérience)

### Commentaires concernant les formations suivies :

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### Autres actions menées (bilan de compétences, création d’entreprise, conseil en évolution professionnelle…..) ou compétences acquises depuis le dernier entretien professionnel :

|  |  |  |
| --- | --- | --- |
| Intitulé | Période | Observations |
|  |  |  |
|  |  |  |
|  |  |  |

# 2/ Activité actuelle

### Activités et compétences du salarié :

*Décrivez vos activités*

*Etes vous toujours à l’aise dans la réalisation du travail qui vous est confié ?*

*Estimez-vous que certaines de vos compétences pourraient être renforcées ou mieux mobilisées ?*

*Bilan points forts / points faibles*

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### Faits marquants depuis le dernier entretien :

*Quelles évolutions ou quels changements avez-vous noté :*

*- dans le contenu de votre travail*

*- dans vos conditions de travail*

*- ...*

*Avez-vous rencontré certaines difficultés ?*

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### Intérêts/Motivations/Insatisfactions :

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*Quelles sont vos sources de satisfaction (ce qui vous motive, ce qui vous plaît dans le travail) ?*

*D’insatisfaction ? (ce qui vous démotive, que vous n’aimez pas faire, ce que vous aimeriez faire)*

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# 3/ Evolution professionnelle

*Comment percevez-vous les évolutions actuelles de la structure / du réseau ?*

*Quelles évolutions personnelles envisagez-vous / souhaiteriez-vous ?*

*Quelles compétences complémentaires cela supposerait-il ?*

### Adaptation à la structure, projet d’évolution professionnelle :

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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**Remarques de la personne chargée de l’entretien :**

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### Atouts / freins au regard de ce projet :

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*Points forts ou points d’appui pour justifier ce projet*

*Points faibles ou limites pouvant freiner ce projet*

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### Action(s) envisagée(s) dans le cadre de ce projet :

*Justifications concernant le type d’action à mener pour concrétiser ce projet*

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| --- | --- | --- | --- |
| Typologies | Thématique | Période souhaitée | Modalités (conditions, dispositif, financement,...) |
| Action de formation 1 |   |  |  |
| Action de formation 2 |  |  |  |
| Action visant une certification (par formation ou VAE)  |  |  |  |
| Coaching interne |  |  |  |
| Autre mesure (\*)  |  |  |  |

\* bilan de compétences, mobilité interne, conseil en évolution professionnelle, aide à la création ou à la reprise d’entreprise…

### Synthèse

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Fait le \_ \_ / \_ \_ / \_ \_ \_ \_ à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

En double exemplaire, dont un est remis au salarié.

Signature de la personne chargée de l’entretien

Signature du salarié pour reçu