

Exit Interview Form

This form is to be completed by HR within one week of receiving the leaver form for an employee or two weeks prior to the end date.

Feedback will be shared with the General Manager and Managing Director at Triaster.

SECTION 1 – Employee Details			
First Name		Surname	
Department		Job Title	

SECTION 2 – Reason for Leaving (Please Tick)				
Voluntary Resignation:			End of Fixed Term Contract:	
Promotion	<input type="checkbox"/>	End of work requirement	<input type="checkbox"/>	
Better reward package	<input type="checkbox"/>	Completion of training scheme	<input type="checkbox"/>	
Lack of opportunities	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Retirement	<input type="checkbox"/>	Dismissal:		
Health	<input type="checkbox"/>	Capability		
To care for adult dependents	<input type="checkbox"/>	Conduct		
To care for child dependents	<input type="checkbox"/>	Statutory reason	<input type="checkbox"/>	
Work life balance	<input type="checkbox"/>	Conduct	<input type="checkbox"/>	
Relocation	<input type="checkbox"/>	Other reason	<input type="checkbox"/>	
Pregnancy/adoption – not returning	<input type="checkbox"/>	Other Please State:		
Further education or training	<input type="checkbox"/>	Voluntary redundancy	<input type="checkbox"/>	
Incompatible working relationships	<input type="checkbox"/>	Voluntary early retirement	<input type="checkbox"/>	
Other/not known	<input type="checkbox"/>			
Retirement:				
Retirement	<input type="checkbox"/>			
Flexible retirement (Min statutory break before returning)	<input type="checkbox"/>			

SECTION 3 – Destination on Leaving

NHS Organisation	<input type="checkbox"/>	Education Sector	<input type="checkbox"/>	Further Education / Training	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Other Public Sector	<input type="checkbox"/>	Return to Practice	<input type="checkbox"/>
Private Health/Social Care	<input type="checkbox"/>	Other Private Sector	<input type="checkbox"/>	No Employment	<input type="checkbox"/>
General Practice	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Prison Service	<input type="checkbox"/>	Abroad – EU Country	<input type="checkbox"/>	Armed Forces	<input type="checkbox"/>
Abroad – Non-EU Country	<input type="checkbox"/>	Other Charity	<input type="checkbox"/>		<input type="checkbox"/>
Name of Organisation:					

SECTION 4 – Feedback

Why did you begin looking for a new job?

What ultimately led you to accept the new position?

Did you feel that you were equipped to do your job well?

How would you describe the culture at Triaster?

Did you share any concerns/feedback/feelings with your manager or anyone at Triaster?

What changes would you like to see at Triaster?

Describe how you have been managed during your time at Triaster?

Did you have clear objectives and targets that were regularly reviewed? Was constructive feedback provided during these reviews?

Would you work at Triaster again?

Is there anything else you would like to share?

Employee Signature	Date
Employee Name (PRINT)	

HR Employee Signature	Date
Employee Name (PRINT)	