**APPENDIX 4: Personal Supervision and Professional Development**

**Please can this form be typed into by the Supervisor . It is the first form to be completed as part of the Supervision meeting. Following on from each Supervision meeting, the Supervisee is to receive an email copy of the Personal Supervision.**

**The Supervisor will save each Personal Supervision meeting form for each Supervisee on their own Shared Drive.**

|  |  |  |
| --- | --- | --- |
| **Name of Supervisor** | **Name of Supervisee** | **Date of supervision** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of discussion.** | | **Next steps – What needs to happen?** | **Timescale** | **Lead** |
| Personal support : | |  |  |  |
| * wellbeing * health and safety * sickness absence * working with risk * annual leave * no of annual days left for year 2018/2019 * TOIL |  |  |  |  |
| Performance and practice:  **Reflections & learning on objectives set in My Conversation** | |  |  |  |
| * What’s working well? * What are you worried about? | | |  |  |
| Support: Workload & Capacity. | |  |  |  |
|  | |  |  |  |
| Training Needs: CPD/PDP/Training | |  |  |  |
|  | |  |  |  |
| Feedback Supervisee: | |  |  |  |
|  | |  |  |  |
| Feedback Supervisor: | | | | |
|  | |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supervisor signature** | **Supervisee Signature** | **Date of next supervision session** |
|  |  |  |