**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**  |
|    |   |   |