**Record of Professional & Personal Supervision Template**

**This form should be stored in a confidential location e.g. a secure H Drive folder or a lockable filing cabinet.**

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| **Name of supervisor** | **Role** |
| **Name of supervisee** | **Role** |
| **Date of meeting** |  |
| **Health and Wellbeing:** *How is work? Are there any personal issues the supervisee wants to discuss? Do you think this is impacting on work performance? What is the impact on work and how will the individual be supported?**Does this information need sharing with anyone else?**Work life balance discussion* |
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| **Sickness since the last supervision session:***If on sickness monitoring process is this working; are there any issues impacting on this to be aware of? Is additional support required and if so what?* |
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| **Leave remaining:***Has leave been regularly taken to prevent burn out?* |
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| **TOIL accrued / taken:***Is this evidenced in electronic diaries and is toil agreed in advance* |
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| **Review of workload:***How many cases? Do they think this is manageable? Does any action need to be taken to reduce case loads? Any closures? Capacity?* |
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| **Performance Review:** *What are their strengths? Discussion regarding audits and any feedback from others regarding good practice. What does your data tell you about their performance? Practice Observations. Identified learning and development needs?*  |
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| **Continued professional development:** *What support is needed for learning identified from performance review or from worker’s perspective?**Has previous learning identified been completed – outcome and impact?**What are their professional aspirations? Are they using the 3.5 hours per month CPD time?* |
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| **Personal Reflections:***What impact do they think they are making? What achievements do they feel they have made this month? Is there anything they would do differently?* |
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| **Any other business:**  |
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| **Date of this supervision:**  | **Date of next supervision:** |
| **Date copy of notes shared with supervisee:** |