

**Panel Feedback Form**

**Progression Panel Endorsement**

|  |  |
| --- | --- |
| **Date of Panel** |  |
| **Name of social worker** |  |
| **SWE registration number** |  |
| **Name of Manager** |  |

The Progression Panel met on the above date and has made the following recommendation.

……………………………………… (name of social worker) **has/has not** successfully demonstrated that they have met the standards of practice required for progression to an Experienced Social Worker.

The recommendation from panel is (tick relevant outcome)

Progression to Experienced Social Worker (Level 3)

Deferment for a period of … months

|  |  |
| --- | --- |
| **Evidence of good practice demonstrated** | **Areas for Development** |
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|  |  |
|  |  |

**Panel Members Signatures:**

**……………………………………………….. Head of Service (Chair)**

**……………………………………………….. Principal Social Worker**

**………………………………………………. Service Manager**