

APPENDIX 1

Personal Supervision – Directorate

Name of Supervisee:	
Name of Supervisor:	
Date:	

Section A - To be completed for all Supervisions

Personal well-being Discussion Eg. Annual Leave/Sickness Health and Well-being Personal Matters	Actions / Next Steps	Timescales

Reflective Discussion – Practice & Performance: <ul style="list-style-type: none"> • Updates from previous supervision • Workload (if relevant include Case ID numbers) • Any relevant follow up discussions following QA • What have you achieved / are you proud of? • What hasn't worked so well? How have you responded? • What might you do differently? • What outcomes do you want to achieve? 	Next Steps

Professional Learning and Development Activity	Date	Relevant learning that can be applied to practice:

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Relevant updates on Appraisal targets	Further Actions / Next Steps Timescales

Areas of Disagreement	Actions / Next Steps

Any Other Matters/Comments (including DBS/SCW registration renewal dates)	Actions / Next Steps

Signature of Supervisor:	Date:
Signature of Supervisee:	Date:
Date of next meeting:	

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Section B – Case Management Discussion Record

Only to be completed by case holding, Early Help and Edge of Care teams. Once complete forward a copy of this page to Business Support for uploading to the system via the relevant form.

Staff Initials:

Supervisor Initials:

Date:

Case ID number	Case Discussion	Actions agreed and timescale for completion

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