

**APPENDIX 2**



## Record of Case Supervision (WCCIS)

One record per individual

Name of Individual and Case Record Number	
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Date of last visit / individual last seen	
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Date of Supervision Discussion	
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Practitioner Name	
Manager/Supervisor Name	

Areas of Concern relating to current actions or plan	Agreed amended or new actions and plans to be implemented and timescale	Manager/Supervisor comments	Action updates (to be updated by practitioner following relevant action towards the new action/plan)