**Supervision Record**

**Name of Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of this supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of last supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments if gap exceeds frequency of supervision sessions agreed in contract:**

1. **Workload Management (quality assurance issues, workload weighting, performance management)**

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| **ISSUES DISCUSSED** |
|  |
| **AGREED ACTION/WHEN/WHOM** |
|  |

1. **Professional Development issues (training, induction training needs, career development issues)**

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| **ISSUES DISCUSSED** |
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| **AGREED ACTION/WHEN/WHOM** |
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1. **Staff Health/Emotional or Support Issues (any factors affecting performance, health and safety issues, stress-related issues, absence from work, equal opportunities)**

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| **ISSUES DISCUSSED** |
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| **AGREED ACTION/WHEN/WHOM** |
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1. **Any other issues (for example leave)**

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| **ISSUES DISCUSSED** |
|  |
| **AGREED ACTION/WHEN/WHOM** |
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1. **Supervisor’s comments:**
2. **Supervisee’s comments:**
3. **Date and time of next supervision:**

**Signed Supervisee ………………………………………………………….. Date:………………………**

**Supervisor: ……………………………………………………………. Date:…………………………...**