Appendix 1

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| **SUPERVISION RECORD FORM** |
| Supported Lodgings Provider (SLP): |
| Supported Lodgings Officer (SLO/ASC): |
| Items for Discussion:Raised by SLP: Raised by SLO/ASC:1. 1
2. 2
3. 3
4. 4
 |
|  **Review of Previous sessions:** |
|  |
| **Current Placement** |
|  |

**DURHAM COUNTY COUNCIL SUPPORTED LODGINGS**

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| **Agenda Items not recorded elsewhere** |
|  |
| **Training** |
| *Include details of training completed, impact of training and any training needs identified.* |
| **Support Groups** |
| *Include details of groups attended, any issues arising*  |
| **Practice Issues** |
|  |
| **Self Care**  |
| *Include personal/work stress or pressures* |

|  |
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| **Area/s of Concern** |
| *Outline any areas of concern* |
| **Summary of Actions to be taken before next Supervision** |
| Action  | Who By |
|  |  |

Signature:

Supported Lodgings Provider

Signature:

Supported Lodgings Officer/Accommodation and Support Co-ordinator

Date:

Date and time of next supervision: