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* |

|  |  |
| --- | --- |
| **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: