**Personal Supervision Record**

This record is to be completed by the Supervisor, agreed with the supervisee and stored safely and confidentially on the Supervisee’s file

|  |  |  |
| --- | --- | --- |
| **Supervisee:** | **Supervisor:** | **Date:** |
| **Team:** | **Job Location:** | |
| 1. **Staff Care / Self Care and Wellbeing:**  * How effective is your self-care plan? Is it helping you? * What are the barriers to you developing in this role and how can I help to remove them? * How are you developing your own resilience? What techniques do you use to ensure your own wellbeing? * Do you feel safe enough to take risks at work? To contribute to team discussions? To challenge managers? * Whose voice or perspective is missing from this conversation or the conversations that we might have as a team? * How can I or the organisation help your voice and that of other underrepresented voices be heard more clearly within the organisation? How can due consideration be given to identity and culture? | | |
|  | | |
| 1. **Professional development and appraisal objectives**  * Something that’s gone well since the last supervision session * Is the workload of sufficient complexity to provide challenge for personal development? * Constructive feedback on performance * Workforce development opportunities identified and undertaken - how is learning being implemented in practice? * Mentoring; training delivered or planned * Other opportunities for development and wider learning - e.g. shadowing, development opportunities, project work, research, reading * How well are appraisal objectives being achieved / met? | | |
|  | | |
| 1. **Any actions arising from last time**  * Include confirmation that notes were shared and agreed from last supervision | | |
|  | | |
| 1. **Case/Workload Discussion**  * How do you feel about your current case/workload? * What support do you feel you need in relation to managing your case/workload? * Outline any plan of support which is being implemented * Review the plan of support every supervision * How will you know if the plan of support is working? | | |
|  | | |
| 1. **General Information**  * What is your working environment and is it supportive for you? * Feedback from children, young people, parents, carers, other practitioners, senior managers * Annual leave / flexible working arrangements / time off in lieu * Sickness / absence * Other | | |
|  | | |

I hope this accurately reflects our meeting. If there is anything in this record that you do not agree with or feel misrepresents what we discussed please let me know, otherwise please sign below to agree these notes or if they are sent electronically, confirm by receipt of email.

**Signed by Supervisee: Signed by Supervisor:**

**Date: Date:**

**Date and time of next supervision session:**