**(ADD HOME NAME)**

**Staff Mentoring, Development & Supervision**

 **Annual Logbook**

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |

**Start date:**

**Finish Date:**

|  |  |
| --- | --- |
| Page | **Index** |
| 2 | Schedulers |
| 3 | Supervision Contract/Agreement |
| 4 – 5  | Year Goals & Reviews |
| 6 – 9 | Record of Additional Sessions |
| 10 - 12 | 1st Supervision Session |
| 13 - 15 | 2nd Supervision Session |
| 16 - 18 | 3rd Supervision Session |
| 19 - 21 | 4th Supervision Session |
| 22 – 24 | 5th Supervision Session |
| 25 - 28 | ANNUAL APPRAISAL & GOAL SETTING |

**SCHEDULERS**

**Supervision Scheduler**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Completed?  | Notes |
| 1st Supervision |  |  |  |
| 2nd Supervision  |  |  |  |
| 3rd Supervision  |  |  |  |
| 4th Supervision  |  |  |  |
| 5th Supervision  |  |  |  |

**Appraisal Scheduler**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Completed?  | Notes |
| Annual Appraisal |  |  |  |

**SUPERVISION CONTRACT/AGREEMENT**

Name of Staff member:

Name of Manager:

As an **employee** I agree to:

• Prepare for the session and contribute to the agenda set for the session.

• Give the appointment a high priority and be punctual for the session.

• Be willing to learn and change and be open to receiving support and challenge to help me do so.

• Take responsibility for making effective use of the time, for the outcomes and any actions I take as a result of supervision.

As a **manager** I agree to:

• Protect the time and space of the appointment, be punctual, and ensure privacy and no interruptions.

• Work with the employee to agree the agenda for each session.

• Offer support, be prepared to challenge as well as provide information or advice to enable you to reflect in depth on issues affecting your practice.

• Use my own supervision to support and develop my own abilities in working with you, without breaking confidentiality.

Signature of Employee

Date :

Signature of Manager/Supervisor:

Date :

|  |  |  |
| --- | --- | --- |
| YEAR GOALS – Set from 1st Supervision Session/End of Probation  | Timescales | Resources required to support achievement of goals |
| Goal 1 |  |  |
| Review:Supervision 1:Supervision 2:Supervision 3: Supervision 4:Supervision 5: |  |  |
| Goal 2 |  |  |
| Review:Supervision 1:Supervision 2:Supervision 3: Supervision 4:Supervision 5: |  |  |
| Goal 3 |  |  |
| Review:Supervision 1:Supervision 2:Supervision 3: Supervision 4:Supervision 5: |  |  |

|  |
| --- |
| **Record of Additional Sessions**  |
| Type of session (E.g. Observation, competency assessment, performance management, flash training, spot check, discussion) | Date | Notes |
|  |  |  |
|  |  |  |
|   |  |  |
|  |  |  |
| **Record of Additional Sessions** |
| Type of session (E.g. Observation, competency assessment, performance management, flash training, spot check, discussion) | Date | Notes |
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| **Record of Additional Sessions**  |
| Type of session (E.g. Observation, competency assessment, performance management, flash training, spot check, discussion) | Date | Notes |
|  |  |  |
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| **Record of Additional Sessions**  |
| Type of session (E.g. Observation, competency assessment, performance management, flash training, spot check, discussion) | Date | Notes |
|  |  |  |
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**1st Supervision & Reflective Practice Form**

Service Name: Date:

Supervisor Name: Time:

Supervisee Name: Duration of Meeting:

|  |  |
| --- | --- |
| **Actions from Previous Supervision Meeting** | **Outcome** |
|  |  |
|  | **Discussion Notes** | **Documentation**  |
| **Annual Leave**Confirm Annual Leave **Sickness/Absence**Discussion for absences/reasons |  | Annual Leave Form Unauthorised Absence reports |

**Performance Review & Reflection**

|  |  |
| --- | --- |
| **What do you feel has been achieved/improved since your last supervision?** |  |
| **REVIEW & UPDATE GOALS Page 4 & 5** |  |
| **\*\* Focus area can be changed each session EG: Teamwork, communication, care delivery, dealing with emergencies, supporting our team members?** **Think of a situation that you have found challenging since your last supervision session****What was the event?** **How did you deal with it? What did you learn from the event?** **On reflection is there anything you would do differently if you were to come across this situation again?**  |  |
| **Do you feel that there is any training/coaching/mentoring sessions that could be planned to support continuous development?**  |  |

**Concerns**

|  |  |
| --- | --- |
| **Do you have any concerns to any aspects of your role/responsibilities?** |  |

**Safeguarding**

|  |  |
| --- | --- |
| **Do you have any safeguarding concerns for any service users that you wish to discuss?** |  |

**Policies & Procedures**

|  |  |
| --- | --- |
| **Policy of the month – discuss**  |  |

**Teamwork Suggestions/Communication**

|  |  |
| --- | --- |
| Can you give me some examples of effective teamwork that you have experienced since the last supervision? Are there any examples where teamwork and/communication could have been better since the last supervision?  |  |
| **Agreed Action Plan** |
| **Action** | **Responsible Person** | **Deadline** |
|  |  |  |
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Supervisor Signature: Date of next Supervision:

Supervisee Signature:

Copy Given to Supervisee:

**2nd Supervision & Reflective Practice Form**

Service Name: Date:

Supervisor Name: Time:

Supervisee Name: Duration of Meeting:

|  |  |
| --- | --- |
| **Actions from Previous Supervision Meeting** | **Outcome** |
|  |  |
|  | **Discussion Notes** | **Documentation**  |
| **Annual Leave**Confirm Annual Leave **Sickness/Absence**Discussion for absences/reasons |  | Annual Leave Form Unauthorised Absence reports |

**Performance Review & Reflection**

|  |  |
| --- | --- |
| **What do you feel has been achieved/improved since your last supervision?** |  |
| **REVIEW & UPDATE GOALS Page 4 & 5** |  |
| **\*\* Focus area can be changed each session EG: Teamwork, communication, care delivery, dealing with emergencies, supporting our team members?** **Think of a situation that you have found challenging since your last supervision session****What was the event?** **How did you deal with it? What did you learn from the event?** **On reflection is there anything you would do differently if you were to come across this situation again?**  |  |
| **Do you feel that there is any training/coaching/mentoring sessions that could be planned to support continuous development?**  |  |

**Concerns**

|  |  |
| --- | --- |
| **Do you have any concerns to any aspects of your role/responsibilities?** |  |

**Safeguarding**

|  |  |
| --- | --- |
| **Do you have any safeguarding concerns for any service users that you wish to discuss?** |  |

**Policies & Procedures**

|  |  |
| --- | --- |
| **Policy of the month – discuss**  |  |

**Teamwork Suggestions/Communication**

|  |  |
| --- | --- |
| Can you give me some examples of effective teamwork that you have experienced since the last supervision? Are there any examples where teamwork and/communication could have been better since the last supervision?  |  |
| **Agreed Action Plan** |
| **Action** | **Responsible Person** | **Deadline** |
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Supervisor Signature: Date of next Supervision:

Supervisee Signature:

Copy Given to Supervisee:

**3rd Supervision & Reflective Practice Form**

Service Name: Date:

Supervisor Name: Time:

Supervisee Name: Duration of Meeting:

|  |  |
| --- | --- |
| **Actions from Previous Supervision Meeting** | **Outcome** |
|  |  |
|  | **Discussion Notes** | **Documentation**  |
| **Annual Leave**Confirm Annual Leave **Sickness/Absence**Discussion for absences/reasons |  | Annual Leave Form Unauthorised Absence reports |

**Performance Review & Reflection**

|  |  |
| --- | --- |
| **What do you feel has been achieved/improved since your last supervision?** |  |
| **REVIEW & UPDATE GOALS Page 4 & 5** |  |
| **\*\* Focus area can be changed each session EG: Teamwork, communication, care delivery, dealing with emergencies, supporting our team members?** **Think of a situation that you have found challenging since your last supervision session****What was the event?** **How did you deal with it? What did you learn from the event?** **On reflection is there anything you would do differently if you were to come across this situation again?**  |  |
| **Do you feel that there is any training/coaching/mentoring sessions that could be planned to support continuous development?**  |  |

**Concerns**

|  |  |
| --- | --- |
| **Do you have any concerns to any aspects of your role/responsibilities?** |  |

**Safeguarding**

|  |  |
| --- | --- |
| **Do you have any safeguarding concerns for any service users that you wish to discuss?** |  |

**Policies & Procedures**

|  |  |
| --- | --- |
| **Policy of the month – discuss**  |  |

**Teamwork Suggestions/Communication**

|  |  |
| --- | --- |
| Can you give me some examples of effective teamwork that you have experienced since the last supervision? Are there any examples where teamwork and/communication could have been better since the last supervision?  |  |
| **Agreed Action Plan** |
| **Action** | **Responsible Person** | **Deadline** |
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Supervisor Signature: Date of next Supervision:

Supervisee Signature:

Copy Given to Supervisee:

**4th Supervision & Reflective Practice Form**

Service Name: Date:

Supervisor Name: Time:

Supervisee Name: Duration of Meeting:

|  |  |
| --- | --- |
| **Actions from Previous Supervision Meeting** | **Outcome** |
|  |  |
|  | **Discussion Notes** | **Documentation**  |
| **Annual Leave**Confirm Annual Leave **Sickness/Absence**Discussion for absences/reasons |  | Annual Leave Form Unauthorised Absence reports |

**Performance Review & Reflection**

|  |  |
| --- | --- |
| **What do you feel has been achieved/improved since your last supervision?** |  |
| **REVIEW & UPDATE GOALS Page 4 & 5** |  |
| **\*\* Focus area can be changed each session EG: Teamwork, communication, care delivery, dealing with emergencies, supporting our team members?** **Think of a situation that you have found challenging since your last supervision session****What was the event?** **How did you deal with it? What did you learn from the event?** **On reflection is there anything you would do differently if you were to come across this situation again?**  |  |
| **Do you feel that there is any training/coaching/mentoring sessions that could be planned to support continuous development?**  |  |

**Concerns**

|  |  |
| --- | --- |
| **Do you have any concerns to any aspects of your role/responsibilities?** |  |

**Safeguarding**

|  |  |
| --- | --- |
| **Do you have any safeguarding concerns for any service users that you wish to discuss?** |  |

**Policies & Procedures**

|  |  |
| --- | --- |
| **Policy of the month – discuss**  |  |

**Teamwork Suggestions/Communication**

|  |  |
| --- | --- |
| Can you give me some examples of effective teamwork that you have experienced since the last supervision? Are there any examples where teamwork and/communication could have been better since the last supervision?  |  |
| **Agreed Action Plan** |
| **Action** | **Responsible Person** | **Deadline** |
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Supervisor Signature: Date of next Supervision:

Supervisee Signature:

Copy Given to Supervisee:

**5th Supervision & Reflective Practice Form**

Service Name: Date:

Supervisor Name: Time:

Supervisee Name: Duration of Meeting:

|  |  |
| --- | --- |
| **Actions from Previous Supervision Meeting** | **Outcome** |
|  |  |
|  | **Discussion Notes** | **Documentation**  |
| **Annual Leave**Confirm Annual Leave **Sickness/Absence**Discussion for absences/reasons |  | Annual Leave Form Unauthorised Absence reports |

**Performance Review & Reflection**

|  |  |
| --- | --- |
| **What do you feel has been achieved/improved since your last supervision?** |  |
| **REVIEW & UPDATE GOALS Page 4 & 5** |  |
| **\*\* Focus area can be changed each session EG: Teamwork, communication, care delivery, dealing with emergencies, supporting our team members?** **Think of a situation that you have found challenging since your last supervision session****What was the event?** **How did you deal with it? What did you learn from the event?** **On reflection is there anything you would do differently if you were to come across this situation again?**  |  |
| **Do you feel that there is any training/coaching/mentoring sessions that could be planned to support continuous development?**  |  |

**Concerns**

|  |  |
| --- | --- |
| **Do you have any concerns to any aspects of your role/responsibilities?** |  |

**Safeguarding**

|  |  |
| --- | --- |
| **Do you have any safeguarding concerns for any service users that you wish to discuss?** |  |

**Policies & Procedures**

|  |  |
| --- | --- |
| **Policy of the month – discuss**  |  |

**Teamwork Suggestions/Communication**

|  |  |
| --- | --- |
| Can you give me some examples of effective teamwork that you have experienced since the last supervision? Are there any examples where teamwork and/communication could have been better since the last supervision?  |  |
| **Agreed Action Plan** |
| **Action** | **Responsible Person** | **Deadline** |
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Supervisor Signature: Date of next Supervision:

Supervisee Signature:

Copy Given to Supervisee:

**Appraisal - Record Form**

**Date of Appraisal:**

Achievements since last appraisal – tasks, work programme and objectives.

|  |  |
| --- | --- |
| GOALS | COMMENTS ON ACHIEVEMENTS AND ANY CHALLENGES/PROBLEMSIndicate if required goals reached, partly reached or not reached. |
|  |  |
|  |  |
|  |  |
|  |  |

Notes:

Key elements of job description

|  |  |
| --- | --- |
| KEY ELEMENT | COMMENTS ON ACHIEVEMENTS AND ANY CHALLENGES/PROBLEMS |
|  |  |
|  |  |
|  |  |
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Agreement on any support/management to be put in place, including addressing any specific requirements the team member may have to help achieve good practice.

Agreed changes in the way the manager and worker will work together

Record of learning and development activities (courses, conferences, on-the-job training, shadowing, etc).

|  |  |  |
| --- | --- | --- |
| Specific activities | How this has helped the individual carry out their tasks | How has this been of benefit to service users |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Further training/development required

|  |  |  |
| --- | --- | --- |
| Specific activities | How this would assist the worker to carry out tasks | How this would be of benefit to service users |
|  |  |  |
|  |  |  |
|  |  |  |

**Future plans**

Any compliments or complaints raised by colleagues, services users or volunteers which need to be considered with the future work plan

Are changes to be made to: Employee’s job description?

Key tasks and objectives for the forthcoming year (NB these must relate to the priorities identified in the annual strategic plan)

|  |  |  |
| --- | --- | --- |
| FUTURE GOALS (next 12 months) | Timescales | Resources required to support achievement of goals |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other issues or comments

Manager’s overall comments (this should include a summary Signature and date of achievements over the year)

Employee’s overall comments (this should include a summary Signature and date of achievements over the year)