Supervision Template

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| **Date** |  |
| **Name of Student:** | |
| **Name of Supervisor:** | |
| **Wellbeing:** *How are you today?* physical and mental health, any experiences of stress, needs around work life balance/ self-care and any support required. *Consider any impact /barriers relating to protected factors e.g. race / disability.* ***Have you experienced any difficulties or discrimination?*****Record any Actions Required** | |
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| **Review of notes from previous meeting – sign record – check actions completed**  **Agenda setting: What else do you need to discuss today?** |
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| **Case work Supervision:** Work with People with Lived Experience (PWLE)/ Carers/ Other professionals/ services. Set priorities and deadlines. What do you need to do? Who else might you need to involve? |
| |  |  |  | | --- | --- | --- | | **Person discussed: Initials/ ID number** | **Relevant PCF Domains demonstrated** | **Actions agreed: By whom, by when?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Anti-oppressive practice/ professional value base and standards of conduct:**   * **Immediate context: *What ethical issues have you encountered on placement?*** * **Broader context: *Have any wider social or political events affected you?***   **Critically reflect on your responses and discuss any actions required. *Identify PCF capabilities demonstrated.*** |
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| **Theory, Research, Legislation and Policy:** Identify and discuss issues relevant to your practice. You may decide to discuss some writing e.g. a CAP or sample from your Reflective Log *Identify PCF capabilities demonstrated* |
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| **Review progress against the PCF and individual learning needs. Consider:**   * Feedback received by the student from PWLE/ colleagues/ other professionals * Feedback from Direct Observations. * Any training accessed * Portfolio documents completed so far. Upcoming goals and deadlines?   You may wish to focus on specific areas of practice e.g. recording, assessment, legal literacy, team work, communication skills. ***Record Identified strengths***  ***Any concerns about practice/ health & safety? Any additional identified training/ learning needs? How will these be met?*** |
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| **Student Feedback on placement:** *What are you finding helpful?* *Is there anything that you might want me to do differently that would support you on placement?* ***Any concerns about levels of support / organisational context / health & safety? Any actions/* equipment required?** |
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| **Summary of Agreed Actions** | **Record who is responsible and date for completion.** |
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| **Student signature and date** |  |
| **Supervisor signature and date** |  |
| **Date of next supervision** |  |