Name of Trusted Assessor:

Name of supervising Manager:

Date of supervision meeting:

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| **Notes / Discussion** | | | **Action** |
| **Staff Health & Wellbeing** | | |  |
| **Action of Previous supervision for follow up** | | |  |
| **Cases** | | | |
| **Active cases for discussion or concern** | | | |
| **IAS Number** | **Start Date** | **Comments** | |
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| **TA Absence and wellbeing** | | | | |
| **TA name** | **Sickness last 12 months** | **Support interviews completed** | **Trigger hit** | **Outcome** |
|  |  |  |  |  |
| **TA performance concerns / issues raised** | | | | **Action** |
| **General concerns around acute setting** | | | | **Action** |

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| **Health and Safety** | | | |
| **Health and safety** | | | **Action** |
| **Accident / Incident Reporting** | | | |
| **Accident/incident reporting** | | | **Action** |
| **Name** | **Date** | **Accident / Incident details** | **Outcome** |
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| **Safeguarding** | | | | |
| **Safeguarding** | | | | **Action** |
| **Date** | **Details of safeguarding concerns** | **ASC notified?** | **CQC notified?** | **Outcome** |
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| **D2A Discussion Cases** | | | |
| **D2A Cases** | | | **Action** |
| **Name** | **Date** | **Details of D2A** | **Outcome** |
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| **Staff DBS check** | | | |
| **Name** | **Convictions disclosed / RA completed and approved?** | **Issue date** | **Expiry date** |
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| **Trusted Assessor Learning and development** | | | | | | | | | |
| **D2A Cases** | | | | | | | | **Action** | |
| **Safeguarding** | **Workstation RA** | **IT Security** | **QCF** | **Emergency Aid** | **Personal Safety** | **Mental Capacity** | **Prevent** | | **MH** |
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| **Cyngum –**  **IAS -** | | | | | | | | |  |

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| **TA CPD hours tracking** | | | |
| **Name** | **Date** | **Current CPD total** | **Date hours met (needs 15)** |
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| **Supervision tracker** |

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| **Name** | **Appraisal date** | **Appraisal review date** | **Workplace supervision dates** | **1:1 supervision dates** | **TA group meeting with managers** |
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| **Any other business** | | | | | |

**Supervisor signature:**

**Employee signature:**

**Date of next meeting:**