



Staff Supervision

Staff Member:

Date:

Mandatory Information:

Is your Blue Card Current? Yes / No

What Training have you attended recently?

Mandatory Checks	Number	Expiry Date
Blue Card		
Training	Details	Date

Notes: N/A

Review of last supervision: Date:

-
-

Are there any issues outstanding from the previous supervision session?

-

What items you would like to discuss at this Supervision?

-
-

How are you handling your workload? Are you up to date with your routine activities? **Yes / No**

-
-

What are your short term goals? (i.e. week, month)

-
-
-

Are there any additional supports or resources you require to manage these tasks?

•

Are there any areas of your role or your current identified tasks which you are not clear about?

•

Are there any workload or workplace items causing you concern at this time?

•

Do you have any plans already in place at this time to address this/these?

•

What can I as your supervisor do to assist you in reducing this/these issues?

•

Do you have any future training needs?

•

How could I be performing better in my role as your supervisor?

•

Copy requested

Copy provided

Date of Next Supervision:

Supervision Notes

Date:

Matters Discussed	Notes	Action

Staff Member's Signature: _____

CEO's Signature: _____