|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix F – SW Apprentice Supervision Record Template**     Supervision Record FormSocial Work Apprentice    |  |  |  |  | | --- | --- | --- | --- | | Name of apprentice |  | Name of mentor |  | | Date of supervision |  | Date of last supervision |  |      |  | | --- | | **Things you would like to discuss today**  It is up to the apprentice and mentor to decide on the agenda items and the order of discussion depending on priority of issues at the beginning of each session.    Are there any outstanding actions from your last supervision session? | |  | | **A different conversation: About me:**  Wellbeing (sickness / health and safety / anti discriminatory practice / stress / lone or home working)    *(How are you feeling? What’s working well? What’s important for you? What are you pleased with since your last supervision? Is there anything that could improve the situation?)* | | Wellbeing – *(consider any health issues, home/work life balance, emotional impact)*        Difference and diversity - *(consider open discussion between supervisor and supervisee regarding your own differences, identity, experiences, etc. Consider the use of MANDELA or Social Graces model. Are you experiencing any discrimination/oppression at work?)*          Is there anything impacting on your apprenticeship programme? *(are there any holidays that link to race/culture/religion to be aware of? Any barriers/impact in relation to protected characteristics?*     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | | | **A different conversation: my best at work, my values and how I work, my role**  *(Evidence links to legislation, theory, values and ethics, local/national policy, evidence-based practice, curiosity, hypothesis, analysis, relations and emotional intelligence, link to apprenticeship standards)*    NB: It is expected that an apprentice will hold 20% reduced caseload of a qualified social worker | | Case/event/task discussion and reflection     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | |  |  | | | **A different conversation: My development and aspirations**  Learning and development goals / university modules / ASPIRE / skills scan / reviews  Training and Skills (mandatory training completed / **must** reflect and critically analyse practice / link to apprenticeship standards)    *(What learning/training have you completed since last supervision? Have you used evidence-based resources/policy to inform your practice? How has it informed your practice? How have you shared your knowledge/learning?)*    Have you considered APPP/RiPfA resources to support your learning? | | Learning and development goals     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | |  |  | | | Skill scan reviews and portfolio evidence     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | |  |  | | | 20% off the job learning     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | |  |  | | | Practice in contrasting settings     |  |  | | --- | --- | | Discussion | Action | |  |  | |  |  | |  |  | | | **A different conversation: My feedback**  Line management / performance / competency / complaints / team or organisation updates  *(Who has offered feedback, what is the feedback, how will you use this feedback?)* | |  | | **Reflection**  *(Following supervision take some time to think about your discussions and add your own reflections on the session)* | |  | | Please submit supervision session - [Supervision record audit form](https://forms.office.com/pages/responsepage.aspx?id=Xn3OsM2B-0eU9ydsYmt7CU4sg63D6QtGlSf7AQkpzSlUQlhBTk1HUTJTTERKUzU2MlBSNjU5NTRLUi4u&utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=) | | **Sign and date** | | Apprentice: | | Mentor: | | Next supervision session: | |