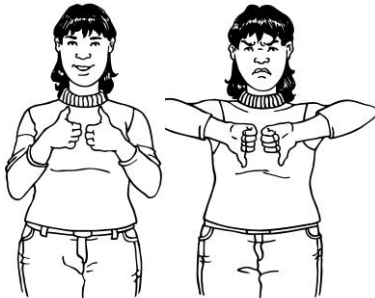




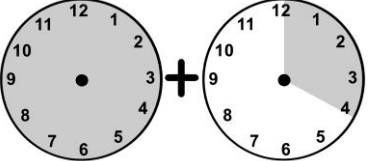

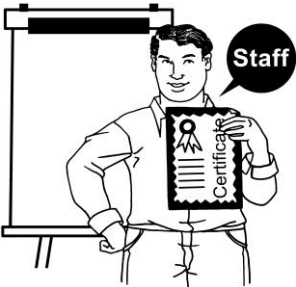



Supervision notes:

Area of work: _____

Date we met: _____



| | |
|---|--|
| Persons name: | |
| How we are feeling about work:  | |
| What have you been doing:  | |
| What you plan to do next:  | |

| | |
|---|---|
| <p>Toil – Extra Hours</p>  | <p>When you plan to take time back</p> |
| <p>Annual leave</p>  | <p>Days left/to be booked</p> |
| <p>Training</p>  | |
| <p>Workload</p>  | |
| <p>Budget</p>  | |
| <p>Any other things:</p>  | |

Action Plan:

| Things that need to be done | Do by? | Done |
|-----------------------------|--------|--------------------------|
| | | <input type="checkbox"/> |
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| Signed by: | | |
| Supervised by: | | |
| Next Supervision: | | |