Setting Name Setting Logo

**Supervision Record**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Manager’s Name:** | |
| **Discussion** | **Action** | **By whom & when** |
| **Safeguarding:** *(Discuss any updates to previous & any new concerns, SEN, EHA, disabilities, care plans etc.)* |  |  |
| **Well-being:** *(Discuss personal well-being, points to celebrate, team dynamics, training suggestions & feedback, personal effectiveness including punctuality, support required and health & safety etc.)* |  |  |
| **Key Children:** *(Discuss key children’s learning and development, observation, planning, assessment and any issues or concerns regarding families/feedback etc. not covered under safeguarding, parents & carers)* |  |  |
| **Staff/Volunteer/Student Signature:** | | **Date:** |
| **Manager’s Signature:** | | **Date:** |

**Disclosure:**

|  |  |
| --- | --- |
| **Safeguarding:**  1. I confirm that I have had no cautions, convictions, court orders, reprimands or warnings that may affect my suitability to work with children (whether received before or during my employment here at this setting), | |
| Signature | Date |
| 2. I confirm that I have not been refused registration or had registration cancelled relating to childcare, or children’s homes, or being prohibited from private fostering and I have not had a child of my own or that I have had responsibility for, removed from my care by the authorities, | |
| Signature | Date |
| 3. I confirm that I do not live in the same household where another person who is disqualified lives or is employed (this includes any and all of the above) | |
| Signature | Date |
| **Medication:**  I confirm that I am not taking any medication that may affect my ability to work with children and that I am aware of the need to ask any medical practitioner that prescribes/sells me medication, if it will affect my ability to work with children and inform management if this is so. | |
| Signature | Date |