**Appendix 2 – Conduct Action Plan**

**Name:**

**Manager:**

**Date of meeting to discuss/agree the Conduct Action Plan:**

**Review meeting date(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective**  | **Expected level of behaviours /Success criteria** | **Support to achieve objectives** | **Required evidence of achievement** | **Timescale for improvement** | **Review dates and comments** |
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Failure to improve your conduct in accordance with this Conduct Action Plan will result in further action in accordance with the Trust’s Disciplinary Policy and Procedure

**Signature: Date:**

(Member of staff)

**Signature: Date:**

(Manager)

**Manager to provide a copy of the meeting record to the member of staff and to securely retain the original.**