**Appendix 6**

**Unplanned/Ad hoc Safeguarding Supervision record**

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| STAFF MEMBER: | JOB TITLE: |
|  | STAFF Contact no. |
| NAME OF SUPERVISOR: | NAMED SUPERVISOR (if different). |
| CLIENT/FAMILY DETAILS: (please use initials) |  |
| PRESENTING ISSUES / ANALYSIS: | |
| AGREED ACTION  Practitioner agrees to record advice given and changes to the supervision plan in Child/Family record (if applicable). | |
| DATE: | |
| SIGNATURE OF SUPERVISOR: | |