**Structured Managerial Support**

(NB. Copies to be kept by both parties)

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| SLT Line Manager |
| Line Manager: |
| Employee: |
| Colleague or Professional Association Rep: |
| Date of Meeting: |
| Brief description of concern(s): |
| We discussed: |
| We agreed the following action plan:  (please see over for detailed plan.) |
| We will meet again to review on: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed Action Plan** | | | |
| What: | Who: (to include support) | When by: | Agreed outcomes: |
|  |  |  |  |