**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: |

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