



## **Conversation Template**

| Name  | Date  |  |  |  |  |
|---|---|--|--|--|--|
| Colleague Wellbeing:  Things to consider: How is the colleague feeling? How are they coping with their role?  What coping strategies do they use? How do they manage their mental health and wellbeing? | Colleague Reflection: Things to consider: How do you feel you're performing in your current role? What areas do you feel you need to develop in? What aspects of your practice do you feel you do well or need to improve in? |  |  |  |  |
| Manager's Reflection: Things to consider: What was discussed in the check-in? What feedback did you give to the colleague?  | Action Set: Things to consider: What goals/actions have been agreed?  |  |  |  |  |
|   |   |  |  |  |  |





## **Safeguarding Review**

| Have you got any concerns, in particular, around childrens development or wellbeing, including safeguarding or child protection? | Have you got any safeguarding concerns in relation to a colleague?  |  |  |
|--|---|--|--|
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Have you got any safeguarding concerns in relation to any families?  |   |  |  |
|  | I have read, understand and will adhere<br>to all policies and procedures all the<br>time. I understand it is my personal |  |  |
|  | responsibility to update my knowledge when a policy or procedure is updated or reviewed. (Tick box to confirm)            |  |  |
|  |   |  |  |





## First Aid Knowledge / Confidence Check

|  | Correct Answer? |    | Correct Answer?   |     | Answer? |
|--|-----------------|----|---|-----|---------|
| What does DRABC stand for?                                 | Yes             | No | What accidents do you need to report to OFSTED/RIDDOR?          | Yes | No      |
| How would you do CPR on an adult?                          | Yes             | No | How do you treat major bleeding?                                | Yes | No      |
| How would you do CPR on an infant?                         | Yes             | No | How do you treat a person in anaphylaxis?                       | Yes | No      |
| How would you do CPR on an child?                          | Yes             | No | What would you do if you suspected a child had a broken bone?   | Yes | No      |
| Explain what you would do if an infant was choking?        | Yes             | No | What would you do if you suspected poisoning in a child/infant? | Yes | No      |
| Explain what you would do if a child or adult was choking? | Yes             | No | Action Required?  |     |         |





## Sign off

| Have there been any changes in your yes personal circumstances that may affect your suitability to work with children?  | No | Has the colleague completed a new suitability declaration? | Yes No |  |  |  |
|---|----|--|--------|--|--|--|
| Carry out an online status check and record if any new information has been recorded. You can check by using the link www.gov.uk/dbs-update/service  Please record the update on the colleagues status check form and follow the suitability process. |    |  |        |  |  |  |
| DBS update service renewal subscription date:   |    |  |        |  |  |  |
| DBS Certificate did not reveal any information and remains current  | No | The DBS Certificate remains current                        | Yes No |  |  |  |
| Date:   |    |  |        |  |  |  |
| Signed off (Colleague):   |    |  |        |  |  |  |
| Signed off (Line Manager):  |    |  |        |  |  |  |