**Learning agreement**

This form is intended for electronic completion. Answer spaces will expand to accommodate text. It is recommended that you save copies each time the form is updated, observing also your organisation’s data policy.

|  |  |
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| **Newly qualified social worker** |  |
|  HCPC registration no. |  |
|  Date of qualification |  |
| **Employer** |  |
| **Name of line manager** |  |
| **Name of supervisor/assessor**(if different from line manager) |  |
|  |
| Date ASYE commenced |  |
| Date set for 3 month review |  |
| Date set for 6 month review |  |
| Date for final submission of evidence |  |

* 1. **Supervision**

See Standards for Employers and Supervision Framework accessible at [www.local.gov.uk/social-worker-standards](http://www.local.gov.uk/social-worker-standards)

|  |  |
| --- | --- |
| **Supervision will be provided by:**  |  |
| **Supervision will include:**   |  |
| **Changes to the agreement:** |
| Changes and actions agreed at the three month review |  |
| Changes and actions agreed at the six month review |  |

|  |
| --- |
| **Supervision sessions will be scheduled as follows: please agree and insert dates.** ( Please include dates for each supervision session) |
| Week 1: | Week 2: | Week 3: |  |
| Week 4: | Week 5: | Week 6: |  |
| Fortnight 1: | Fortnight 2: | Fortnight 3: (3 months) | Fortnight 4: |
| Fortnight 5: | Fortnight 6: | Fortnight 7: | Fortnight 8: |
| Fortnight 9: ( 6 months ) | Month 7: | Month 8: |
| Month 9: | Month 10: | Month 11: | Month 12: |

* 1. **Workload management**

|  |  |
| --- | --- |
| **How will workload be agreed and allocated?** |  |
| **Changes to the agreement:** |
| Changes and actions agreed at the three month review |  |
| Changes and actions agreed at the six month review |  |

* 1. **Professional development plan (PDP)**

|  |  |
| --- | --- |
|  | **Date** |
| **PDP completed**  |  |
| **PDP reviewed** (3 months) |  |
| **PDP reviewed** (6 months) |  |

* 1. **Protected development time**

|  |  |
| --- | --- |
| **Set out here the specific arrangements and/or learning opportunities in place for undertaking development work, including time allowed by employer and when it can be taken** |  |
| **Changes and actions agreed at the three month review** |  |
| **Changes and actions agreed at the six month review** |  |

* 1. **Assessment**

***Collection of evidence***

|  |  |
| --- | --- |
| **Record the types of evidence that will be expected, and the dates when it should be provided, to inform the assessment** |  |
| **Changes and actions agreed at the three month review** |  |
| **Changes and actions agreed at the six month review** |  |
| **Changes and actions agreed at the nine month review** |  |

* 1. **Review**

|  |  |
| --- | --- |
| **Record how ASYE reviews will be linked to employer’s probation and appraisal processes** |  |

* 1. **Assessment process**

|  |  |
| --- | --- |
| **Record the arrangements the employer uses (e.g. in partnerships, etc.) to quality assure assessments.** |  |
| **Clarify how the employer and NQSW will deal with any disagreements over decisions** |  |

* 1. **Agreement summary**

|  |  |
| --- | --- |
| **Date of completion of agreement** |  |
| **We confirm the arrangements set out in this agreement:** |
| **NQSW** |  |
| **Supervisor/assessor** |  |
| **Line manager** (where different from supervisor/assessor) |  |
| **Senior manager** (where required by employer organisation) |  |

|  |  |
| --- | --- |
| **Date of 3 month review** |  |
| **We confirm the changes and actions agreed at this review as set out in this agreement:** |
| **NQSW** |  |
| **Supervisor/assessor** |  |
| **Line manager** (where different from supervisor/assessor) |  |
| **Senior manager** (where required by employer organisation) |  |

|  |  |
| --- | --- |
| **Date of 6 month review** |  |
| **We confirm the changes and actions agreed at this review as set out in this agreement:** |
| **NQSW** |  |
| **Supervisor/assessor** |  |
| **Line manager** (where different from supervisor/assessor) |  |
| **Senior manager** (where required by employer organisation) |  |

|  |  |
| --- | --- |
| **Date ASYE completed** |  |
| **We confirm that** *[insert name of NQSW]* **has/has not** *[delete as required]* **successfully completed the Assessed and Supported Year in Employment** |
| **Supervisor/assessor** |  |
| **Line manager** (where different from supervisor/assessor) |  |
| **Senior manager** (where required by employer organisation) |  |
|  |
| **I confirm that my employer has notified me of the outcome of my ASYE** |
| **NQSW** |  |