**Evidence template number 1: RSPA**

**The assessed and supported year in employment in adult services**

**Record of support and progressive assessment**

**Part 1: Beginning the ASYE**

**Support and assessment agreement**

The NQSW should submit part one of the critical reflection log for scrutiny before the support and assessment agreement meeting. It may be helpful to agree a date for this submission when setting the date for the meeting.

| **Name of newly qualified social worker** |  |
| --- | --- |
| **Social Work England number** |  |
| **Employer** |  |
| **Name of line manager/supervisor** |  |
| **Name of assessor****(if different from line manager)** |  |
| **Name of ASYE programme co-ordinator (if appropriate)** |  |
| **Name and role of others present at the support and assessment meeting** |  |
| **Date of support and assessment agreement meeting** |  |
| **Date ASYE commenced** |  |
| **Date set for three month review** |  |
| **Date set for six month review** |  |
| **Date for final review** |  |
| **Date set if additional nine month review is required** |  |
| **Date of the internal moderation panel when the final assessment outcome will be confirmed** |  |
| **NQSW background and context** |  |

**1. Supervision**

The supervision section may be pre-populated in line with the employer’s ASYE scheme.

| **Supervision will be provided by** |  |
| --- | --- |
| **Supervision sessions will be as follows: Refer to the** [**Standards for Employers of Social Workers in England**](http://www.local.gov.uk/workforce/-/journal_content/56/10180/3511605/ARTICLE) **for guidance** |
| **Duration of supervision sessions** |  |
| **First six weeks of employment** |  |
| **Week seven – six month review** |  |
| **Following six month review** |  |
| **Supervision agenda**The ASYE assessors and supervisors toolkit provides additional support and guidance www.skillsforcare.org.uk/asyetoolkit  |  |
|  **Supervision agreement** |  |

**2. Workload management**

Expectations of workload management may be pre-populated in line with the employer’s ASYE

scheme although some assessors / supervisors may wish to input this.

|  **How will workload be agreed and  allocated?** |  |
| --- | --- |

**3. Protected development time**

Expectations of protected development time may be pre-populated in line with the employer’s

ASYE scheme.

| **10% of the NQSW’s time should be set aside for undertaking development activities (10% equates to 0.5 days per week or 2 days per month)** |  |
| --- | --- |

**4. Requirements and responsibilities**

Expectations can be pre-populated in line with the employer’s ASYE scheme:

| **The NQSW is required to** |  |
| --- | --- |
| **The assessor is required to**[The ASYE assessors and supervisors toolkit provides additional support and guidance](https://www.skillsforcare.org.uk/Regulated-professions/Social-work/ASYE/ASYE-for-adult-services/Support-for-assessors-and-supervisors.aspx).  |  |
| **If different, the line manager/****supervisor is required to** |  |
| **The ASYE programme coordinator is required to** |  |

**5. Assessment, review and quality assurance**

This section should be pre-populated to address questions in line with the employer’s ASYE scheme.

| **How will ASYE reviews and assessment be linked to employer’s probation and appraisal processes?** |  |
| --- | --- |
| **What are the contractual implications of failure to complete, or failure of,****the ASYE year?** |  |
| **What are the employers internal and external quality assurance arrangements?** |  |
| **How will the employer and NQSW deal with any disagreements over decisions?** |  |
| **How is successful completion of****ASYE recognised by the employer?** |  |

**6. Additional considerations**

| **Have any reasonable adjustments been agreed to the arrangements due to the NQSW having a medical condition, disability, or specific learning need?** |   |
| --- | --- |
| **Have any other factors been identified that may affect the progress of the NQSW?** |   |

**7. Record of discussions re expectations of NQSW**

| **Taking into account the NQSW’s previous experience and part 1 of their CRL, what areas should the NQSW address in their initial PDP?** |  |
| --- | --- |
| **Have you discussed the expectations****of the critical reflection log?** |  |
| **Deadlines agreed for you to receive the NQSW’s critical reflection log, in advance of the review meetings** |
| **Three month review** |  |
| **Six month review** |  |
| **Final review** |  |

**Declarations and signatures**

| **NQSW name** |  |
| --- | --- |
| I have read and understood my role and responsibilities and commit to fulfilling them. I confirmthe arrangements set out in this agreement. |
| **Signature** |  |
| **Date** |  |

| **ASYE assessor name** |  |
| --- | --- |
| I have completed the support and assessment agreement and will support the NQSW to undertake the ASYE. |
| **Signature** |  |
| **Date** |  |

| **NQSWs line manager** |  If applicable.  |
| --- | --- |
| I have read the support and assessment agreement and will support the NQSW and the assessor with their role. I will provide supporting documents for the review meetings to inform the holistic assessment. |
| **Signature** |  |
| **Date** |  |

| **ASYE coordinator name** |  If appropriate.  |
| --- | --- |
| I have read the support and assessment agreement and will support the assessor and NQSW in fulfilling it. I will provide supporting documents for the review meetings to inform the holistic assessment. |
| **Signature** |  |
| **Date** |  |