**Evidence template number 1: RSPA**

**Part 1: Beginning the ASYE**

**1. Support and assessment agreement**

The NQSW should submit part one of the CRL 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 this meeting.

**This part should be completed by the assessor**

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| **Name of the NQSW** |  |
| **HCPC registration number** |  |
| **Employer** |  |
| **Name of line manager/supervisor** |  |
| **Name of ASYE 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 agreement meeting** |  |
| **Date of support and assessment agreement meeting** |  |
| **Date ASYE commenced** |  |
| **Date set for three month review** |  |
| **Date set for six month review** |  |
| **Date set if optional nine month review if required** |  |
| **Date for final review** |  |
| **Date of the internal moderation panel when the final assessment outcome will be confirmed** |  |
| **NQSW background and context** |  |

**2. Supervision**

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

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| **Supervision will be provided by** |  |
| **Supervision sessions will be as follows: Refer to the Standards for Employers of Social** **Workers in England for guidance.** |
| **Duration of supervision sessions** |  |
| **First six weeks of employment** |  |
| **Week seven – six month review** |  |
| **Following six month review** |  |
| **Supervision will include**The ASYE assessors and supervisors toolkit (available at [www.skillsforcare.org.uk/asyetoolkit)](http://www.skillsforcare.org.uk/asyetoolkit%29) provides support and guidance regarding supervision. |  |
| **Supervision agreement** |  |

**3. 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.

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

**4. Protected development time**

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

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

**5. Requirements and responsibilities**

Requirements and responsibilities may be pre-populated in line with ASYE scheme:

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| **The NQSW is required to** |  |
| **The assessor is required to**The ASYE assessors and supervisors toolkit (available at [www.skillsforcare.org.uk/asyetoolkit)](http://www.skillsforcare.org.uk/asyetoolkit%29) provides additional support and guidance for assessors/supervisors. Assessors should ideally meet the Practice Educator Professional Standards (PEPS 2). |  |
| **If different, the line manager/****supervisor is required to** |  |
| **The ASYE programme coordinator (if applicable) is required to** |  |

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

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

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| **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?** |  |
| **What are the employer’s internal and external quality assurance and review arrangements?** |  |
| **How will the employer and NQSW deal with any disagreements over decisions?** |  |
| **How is successful completion of****ASYE recognised by the employer?** |  |

**7. Additional considerations**

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| **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?** |  |

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

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

**Declarations and signatures**

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

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| **ASYE assessor name** |  |
| I understand my role and responsibilities as an assessor and commit to fulfilling these. I confirm the arrangements set out in this agreement. |
| **Signature** |  |
| **Date** |  |

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

|  |  |
| --- | --- |
| **ASYE coordinator name (If applicable)** |  |
| I have read the support and assessment agreement and will support the assessor with their role. I will provide supporting documents for the review meetings to inform the progressive assessment. |
| **Signature** |  |
| **Date** |  |