**Professional Discussion**

**Record of Meeting**

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| **Date of Meeting:** |
| **Persons Present:** |
| **Purpose of meeting (be specific):** |
| **Evidence presented and discussed:** |

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| **Do you feel like you have a positive attitude towards your work?** |  |  |  |
| **Is your current workload allowing you to engage and show your strengths?** |  |  |  |
| **Both at work and home, do you feel the relationships you have are providing you with a positive influence?** |  |  |  |
| **Do you feel a sense of purpose at work?** |  |  |  |
| **Do you feel that you have made achievements at work?** |  |  |  |
| **Do you need referral to occupational health or the trust wellbeing team** | **Yes or no /action** | | |

**Reference: PERMA Model (Martin Seligman)**

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| **Objectives / standards to be achieved:** | |
| **Time Scale for Achievement:** | **Review Date:** |
| **What evidence of performance and what is the assessment criteria we will use to assess progress?** | |
| **What supervision/support will be provided during the agreed time:** | |
| **Manager / Clinical Educator Name & Signature:**  **Employee Name & Signature:** | |
| **Review Date: Objectives / standards achieved? Yes/No** | |
| **Comments:** | |
| **Manager / Clinical Educator Name & Signature:**  **Employee Name & Signature:** | |