

Induction Plan

Please follow this guide and mark off the sections that you have completed.

Please go to Page 5 for more information on each section.

No.	Induction Activity	Date Completed?	Concerns or Queries? (Leave blank otherwise)
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First Week

1	Initial Meeting with Key Contact: complete form		
2	Promotion of Service		
3	Inputting 'promotional sessions' into MMR		
4	Watched the EA Safeguarding Training Online (before 6 th September)		
5	Completed the EA Safeguarding Evaluation		
6	Notified Line Manager of completing of EA Safeguarding Evaluation		
7	Sent all requested documents to Line Manager		

Clinical Sessions

8	Viewed Clinical Database Introduction: Smilenotes		
9	Understand the Clinical Session Pathway		
10	Read guidance on Writing Clinical Notes		
11	Seen a copy of the Referral Form		
12	Seen a copy of the Consent Form		
13	Understand Gillick Competence & when consent form is required		

14	Are comfortable and confident to use the following: a) Parental Initial Assessment b) Intake Assessment c) Risk Assessment d) YP-CORE		
15	Understanding Number of Sessions and Reviews		
16	QR code for the EA HOPE End of Intervention Survey		
17	Have explored and experimented using 'Test Client'		
18	Understand how to make a: a) New Client b) New Note c) Upload a File		
19	Understand using the Monitoring Note for each school		
20	Understand the requirement to have: a) Completed an assessment within 15 days of Referral b) Started counselling intervention within 15 days of assessment		
21	Comfortable and content working with groups. There are 18 sessions that are allocated for group sessions.		

Safeguarding

22	Comfortable and confident with Safeguarding Policy and Procedure		
23	Comfortable and confident with EA's Safeguarding Policy and Procedure		
24	Comfortable and confident with 'Responding to issues of self-harm and thoughts of suicide in young people' Policy and Procedure		
25	Understand when and how to use the EA's Note of Concern		
26	Comfortable and confident using Release of Information Form		

27	Comfortable and confident discussing endings prior to ending and recording this in the client's clinical notes		
28	Confident in recognising CAMHS Threshold Step 2 and Step 3		
29	Confident using the Referral Pathway for Safeguarding Concerns, and for CAMHS		
30	Comfortable and confident using a Safety Plan and when to use it		
31	Understand the requirement of continuing to counsel the client until an appointment has been made with external agency		
32	Comfortable and confident of confidentiality and its limitations		
33	Confidentiality when using Emails – Using the Subject and Passwords		
34	Responding to Requests for Emotional Support <i>During</i> a Critical Incident		
35	Respond to Requests for Counselling/Therapy <i>Following</i> a Critical Incident		
36	Understand the expectation to reuse DNAs where possible		

Monitoring

37	Comfortable and confident completing HOPE Service Monthly Monitoring Return (MMR)		
38	Comfortable and confident completing HOPE Service Monthly Operational Report (MOR)		
39	Supervision Expectations a) Noting when each client is brought to External Supervision b) Completing External Supervision Report		
40	Confident and comfortable with the Timesheet		
41	Confident and comfortable with a) Accessing emails b) Using your phone c) Orienting your laptop		

42	Understanding of school closures, that you will work with the company to either move your day of working, or add additional sessions where possible		
43	Aware of how to record travel expenses		

<p>I have read and accept:</p> <p>a) the Terms & Conditions, and Policies and Procedures laid out in Make A Melody's Handbook</p> <p>b) the Operations Systems from the EA Hope Handbook</p>	
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Finishing your Induction

When you have completed the above, please sign below and send to your Line Manager. Any areas where you have expressed concerns or queries, your line manager will contact you and facilitate a supervision to discuss.

Employee

Name:

Signed:
(Typed is fine)

Date:

Line Manager

Name:

Signed:
(Typed is fine)

Date:

Thank you for completing your induction!

Warmest welcomes to our team!

Induction Information

First Week

1. Initial Meeting with Key Contact: Complete Form

In Google Drive, select 'Shared with me' and select the folder with your name on it. Then open up the folder 'Induction' and the document labelled 'Initial Meeting with Key Contact'.

Click [here](#) to preview the document.

2. Promotion of Service

The counsellor/therapist should promote the HOPE Service during the first two weeks of September each year i.e. pupil assemblies, information sessions for staff etc. The counsellor/therapist should meet with the Principal, Key Contact, Deputy Key Contact and Designated Teacher (and Deputy) for Child Protection. The introduction to all staff should be facilitated at a staff meeting. An understanding of the counselling/therapy process, and how it can best be used to support pupils, will be provided by the counsellor/therapist for school staff in partnership with the Key Contact. This can be facilitated through a range of formal and informal approaches e.g. meetings, staff training days or through informal contact in the staff room. Pupils may be introduced to the counsellor/therapist at assembly, in class meetings or in small groups, with the assistance of the Key Contact. Counselling/therapy process will be explained to pupils so that they are informed of how it can help, what confidentiality means, and how the referral system works.

3. Inputting 'promotional sessions' into MMR

In your Drive, there will be a folder called Monitoring Forms. In this folder there will be a folder for each month of your contracted year. If you open the September Folder, you will find the form called: 'HOPE Service Monthly Monitoring Return (MMR) – BLANK'. This is the form that you will complete every month and have your key contact sign. Under the heading 'Number of Sessions Delivered' please use the 'promotional Sessions (first 2 weeks of September)' and input however many sessions you are contracted to do on that working day. Click [here](#) to preview the full document

Number of Sessions Delivered		
Individual sessions:	Group sessions:	Drop-Ins:
Promotional Sessions (first 2 weeks of September):		

4. Watched the EA Safeguarding Training Online (before 6th September)

Please use the links below to access the Safeguarding Training. It should take you one hour:

[EA Safeguarding and Child Protection Training](#)

Click on 'Create an Account'

One Time Invite Code: N79698

5. Completed the EA Safeguarding Evaluation

[EA Safeguarding and Child Protection Training Evaluation Form](#)

All counsellors and therapists must complete the evaluation form which will automatically create a record for EA that the training has been completed. This must be completed before Friday 6th September.

6. Notified Line Manager of completing of EA Safeguarding Evaluation

Please send a written email to Stuart Watson when you have completed the Safeguarding Training Video Online, and completed the Evaluation Form. This will provide a record for the company of your completion.

7. Sent all requested documents to Line Manager

Please send the following documents to Stuart Watson

- Qualification Certificate: Diploma, Degree (Level 4/Level 7 Scotland) or Masters, or equivalent counselling or psychotherapy qualification as regulated by the Regulated Qualifications Framework (RQF) or the Scottish Credit and Qualifications Framework (SCQF) and from a recognised or a relevant validating organisation e.g. Counselling and Psychotherapy Central Awarding Body (CPCAB). You must demonstrate that this qualification is of an equal standard.
- Accreditation Certificate
- Membership of Professional Body Certificate
- Access NI Certificate

- Evidence of a minimum of 100 hours post qualification, clinically supervised practice in counselling children and young people up to the age of 18.

Clinical Sessions

8. Viewed Clinical Database User-guide: Smilenotes

Please click [here](#) to access the User-guide

9. Understand the Clinical Session Pathway

Please click [here](#) to access the Clinical Session Pathway

10. Read guidance on Writing Clinical Notes

Please click [here](#) to access the Writing Clinical Notes Guidance

11. Seen a copy of the Referral Form

Please click [here](#) to view the Referral Form

12. Seen a copy of the Consent Form

Please click [here](#) to view the Consent Form

13. Understand Gillick Competence & when consent form is required

Pupils can choose to engage with counselling/therapy without parental consent, if deemed to be 'Gillick competent'. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines' (*NSPCC- please click [here](#) to view*). A decision will be made based on the pupil's safety and wellbeing. If the pupil is deemed to be 'Gillick competent' the parents/carers do not have to be informed.

For a pupil with special education needs, a counsellor can ascertain whether pupils aged 12- 18 have the capacity to understand what they are consenting to. For over 18's, they will require the pupil's consent, unless the counsellor/therapist is of the view that notwithstanding the fact that they are an adult, they lack capacity to make and understand the decision themselves. As the pupil is still attending a special school, the counsellor/therapist can consult with the parents to arrive at the decision as to whether to allow them to give consent on pupil's behalf. If the parent has Power of Attorney for the pupil the counsellor/therapist can be directed by the legal document allowing the parent to make decisions on the pupil's behalf.

14. Comfortable and confident to use the following:

- a) Parental Initial Assessment
- b) Intake Assessment
- c) Risk Assessment
- d) YP-CORE

a) Parental Initial Assessment

This Assessment is found on Smilenotes, the clinical database. You will complete this online while on the phone with the parent/guardian/carer. It is at your own discretion, but this may also be a video call, or an in-person appointment with the parent/guardian/carer. As these are more difficult to schedule, we would recommend that you facilitate the assessment via a phone call.

This particular assessment is typically for those clients who have additional support needs, and may not be able to communicate verbally, or perhaps are limited in their cognitive processing. In this case, an assessment with the parent is important to gain a better insight into the client's history.

The Parental Initial Assessment is completed on the first session. Ideally, and where possible, this should be scheduled ahead of time to ensure that the parent/guardian/carer is available.

At the end of the assessment, there will be an Outcome Section. Please discuss this with the parent/guardian/carer to see what is in the best interests of the client. It is usually always important to meet with the client first before an outcome can be fully decided.

b) Intake Assessment

This Assessment is found on Smilenotes, the clinical database. This is an assessment that you will typically do with a client who is deemed Gillick Competent, and who has good verbal communications and cognitive processing skills. The assessment will be completed in the first session with the client. Please feel free to use this assessment tool however best fits within your practice. It is not imperative that you go through it systematically, you may find it easier to let it guide the conversation.

It is recommended that a hard copy is given to the client for them to view. Please however, complete the answers to each question as you discuss with the client online, it will be much more difficult to remember all the details after the session has closed.

While all questions are not required to be answered, the more questions answered, the better an understanding you may have into the client's history, and understanding of their unconscious processes. The **Safeguarding questions are essential** to be asked and answers recorded.

At the end of the assessment, please follow the guidance on information to tell the client, such as confidentiality and its limitations, how many sessions will be offered etc.

An Outcome section is found at the end of the assessment. Please use this to discuss with the client and come up with an outcome together that is most appropriate for the client. It is important that the client is involved in this decision.

c) Risk Assessment

The Risk Assessment must **always** be completed for **every client** and it will be completed immediately after the assessment. Where a risk is identified, a **Note of Concern** must be completed (see Point 25). If there is no Risk identified at the present time of assessment, then there is no further action required, however, the Risk Assessment must be completed either-way.

If there is a risk of suicidal thoughts or behaviours identified, a **Safety Plan** must be completed with the client (see Point 30) and a Referral to Gateway Services, CAMHS, must be made (see Point 29). If a referral is made to onward services, the counsellor/therapist must not stop working with the client. The client will continue to attend their scheduled counselling/therapy sessions until they have been taken onto the referred service's caseload. Only then will the counsellor discharge them from their own caseload. It is not ethical for a client to work with two counsellors/therapists at once, this is the reason as to why they will be discharged at this time.

d) YP-CORE

The YP-CORE assessment is found on Smilenotes, the clinical database. This does not have to be completed every week. We recommend using this assessment at the start of the client's therapy, and at the closing of the client's therapy. Each practitioner is trusted to operate within the practices that best suit their approach, and it is okay if you wish to complete this every week. This is, however, not expected.

15. Understanding Number of Sessions and Reviews

The EA recommend that the average length of school-based counselling/therapy interventions is 6 sessions. For this reason, practitioners will complete a review with the client after six weeks. Together with the client, you will formulate an outcome of how to proceed. If more than six sessions feel required, please contact your Line Manager. For the most part, sessions will be accepted to continue, and 4 more additional sessions will be offered; please check in and review at the end of each of these four sessions. After 10 sessions in total, you must contact your Line Manager and Key Contact and share reasons as to why the client may require more sessions. Only with approval may the client receive more than 10 sessions.

16. QR code for the EA HOPE End of Intervention Survey

When a client has finished their counselling/therapy support, please give them a QR Code to complete the EA HOPE End of Intervention Survey. This does not contain any questions pertaining to you as a counsellor/therapist; it is purely regarding the HOPE service.

Please click [here](#) to view the QR Code.

17. Have explored and experimented using 'Test Client'

On Smilenotes, our clinical database, there will be a 'Test Client' that is created for you to use to explore, experiment, and become familiar with the software. This client will be deleted after 30 days of beginning your contract so it does not matter what is placed on their clinical record.

Your specific test client will have the name: 'Test [your name]'. Please use this to become familiar with the database.

18. Understand how to make a:

- a. New Client
- b. New Note
- c. Upload a File

This information is found on the Clinical Database User Guide (point 8).

19. Understand using the Monitoring Note for each school

This information is found on the Clinical Database User Guide (point 8).

We require you to complete this template on Smilenotes as it will be immensely helpful when it comes around to completing your Monthly Returns. It will store all the information you need for each school, and will only take an additional five minutes of your time each week. This is a requirement and forms a part of your allocated administration time per working day.

20. Understand the requirement to have:

- a) Completed an assessment within 15 days of Referral
- b) Started counselling intervention within 15 days of assessment

Pupils should have an initial assessment session with the counsellor/therapist within **fifteen school days** of receipt of a written referral to determine if HOPE counselling/therapy is appropriate for them. Counselling/therapy must commence within **fifteen school days** of the assessment.

21. Comfortable and content working with groups. There are 18 sessions that are allocated for group sessions.

Allocated Group Work is an addition to the new EA HOPE contract. Previously you may have completed group work as a standard part of your practice, or perhaps you have never completed group work before. There are 18 group sessions allocated per school. This will incorporate three blocks of 6 sessions throughout the course of the 38 weeks.

- Block One: between Halloween and Christmas
- Block Two: Between January and Easter
- Block Three: Between Easter and Summer

Group sessions can facilitate between 2-6 pupils that have common presenting issues such as anxiety, bereavement, exam stress etc. The management and scheduling of these sessions must be discussed and agreed by the Key Contact and counsellor/therapist.

Any pupil attending a group counselling/therapy session must be referred and assessed in the same way as those attending individual sessions. This means that you will see each client for an individual assessment session, and then discuss with them the possibility of taking part in a group. This is expected for every client that attends a group.

Safeguarding

22. Comfortable and confident with Safeguarding Policy and Procedure

Please click [here](#) to access the Safeguarding Policy and Procedure.

23. Comfortable and confident with EA's Safeguarding Policy and Procedure

Please click [here](#) to access the EA's Safeguarding Policy and Procedure.

24. Comfortable and confident with 'Responding to issues of self-harm and thoughts of suicide in young people' Policy and Procedure

Please click [here](#) to access the 'Responding to issues of self-harm and thoughts of suicide in young people' Policy and Procedure

25. Understand when and how to use the EA's Note of Concern

Please click [here](#) to access the EA's Note of Concern Pathway.

To gain a Note of Concern, you must contact the Designated Safeguarding Officer within the school. Failing that, approach the office/reception, and they will give you the form. This must be completed on the day of concern. Please follow below steps:

1. Observed concern or risk in client
2. Retrieve a Note of Concern and complete it
3. Ask the administrator at the office/reception to scan a copy for you and request it to be emailed to your account
4. Once you have confirmed receipt of the scanned copy in your email, pass on the Note of Concern to the Designated Safeguarding Officer.
5. Contact the Key Contact, in person preferably to discuss how to best approach the concern/risk for the client
6. Contact your Line Manager by phone and inform them on what has happened
7. Once the above steps have been completed, complete the 'Note of Concern' Template on Smilenotes, the clinical database. Use this template to document your steps, and to check in with next steps.

26. Comfortable and confident using Release of Information Form

A preview of the **Release of Information** can be found by clicking [here](#). This form will be completed online on Smilenotes, our clinical database when you are with a client. A Release of Information Form is a document that allows the counsellor to share specific information about the client with designated individuals or organisations, such as parents, schools, or other healthcare providers such as CAMHS or GPs. This form helps ensure that the young person's confidentiality is maintained while facilitating communication that supports their care and well-being.

27. Comfortable and confident discussing endings prior to ending and recording this in the client's clinical notes

Discussing an ending in a counselling/therapy session before it happens is crucial as it prepares the client emotionally for the conclusion of their therapeutic journey and helps them process feelings of separation or loss. It also allows the counsellor/therapist to review the progress made, reinforce coping strategies, and ensure a smooth transition to independence or other support systems.

A clear ending to the counselling/therapy intervention must be recorded in the client's clinical notes. This should include evidence that:

- the end of counselling/therapy was discussed with the pupil prior to their final session.
- the pupil was reminded that the drop-in service remains available to them.
- the pupil was provided with a QR code for the EA HOPE End of Intervention Survey.

28. Confident in recognising CAMHS Threshold Step 2 and Step 3

As a HOPE counsellors/therapist, you can refer directly to CAMHS (Step 2 or 3) as long as both the following conditions are met:

Condition 1 (basic threshold): A pupil has or is suspected to have a mental ill health or other condition that results in persistent symptoms of psychological stress.

Condition 2 (complexity and severity threshold): At least one of the following exists:

- An associated serious and persistent impairment of their day-to-day functioning.
- An associated risk that the pupil may cause serious harm to themselves or others.

Threshold criteria for Step 2 CAMHS

Step 2 CAMHS will accept referrals for pupils presenting with mild to moderate mental ill health and emotional difficulties. Consideration will be given to the complexity of the difficulties, the risk of secondary problems developing, their development, the presence/absence of protective factors and the presence/absence of stressful social and cultural factors.

Threshold criteria for Step 3 CAMHS

Step 3 CAMHS referrals will be accepted where there is a severe and/or enduring impact on the pupil's normal daily functioning (psychological/social/educational). However, where there is severe impairment of functioning or a life-threatening condition, a referral should be made immediately and discussed with a senior member of the CAMHS team. Where the impact has been lasting for 3 months or more a referral may be made and discussed with a senior member of the CAMHS team.

29. Confident using the Referral Pathway for Safeguarding Concerns, and for CAMHS

- For all safeguarding concerns and referrals to social services, please call GATEWAY. Each Trust has a different contact number and centre. Please use this form (click [here](#)) to access all centres.
- For all self-harm and suicide risk and concerns, to make a referral to CAMHS, please contact your local CAMHS Centre directly. Each Trust have a slightly different Referral Form so please contact each centre according to trust the client is based in.

Where it is possible, please always include the client in any decisions or actions taken. Where possible, please complete a Release of Information form.

30. Comfortable and confident using a Safety Plan and when to use it

It is ethically important to have a duty of care for pupils referred to the HOPE service and at times provide a continuity of care if required. A new feature of the HOPE Service is the implementation of Safety Plans to support pupils who express self-harm or suicide ideation during a counselling or therapy session. In this instance the counsellor/therapist should undertake a risk assessment, and every effort made to deescalate the level of risk or distress. This will include working with the pupil to develop a Safety Plan.

- If a risk is identified to be mild to moderate mental ill health and emotional difficulties, within the CAMHS threshold Step 2, a referral should be made and a Safety Plan developed with the pupil. It is expected that the counsellor/therapist could work with the pupil when they are waiting for an appointment. Once the intervention is completed pupils can attend drop-in sessions on a regular basis to check in with the counsellor/therapist.
- If a risk is identified to be severe and/or enduring impact on the pupil's normal daily functioning (psychological/social/educational) within the CAMHS threshold Step 3 (see point 2.7) a referral should be made and if appropriate, a Safety Plan developed with the pupil. Pupils can attend a drop-in session on a regular basis to check in with the counsellor/therapist.

A **Safety Plan** is a tool for helping to navigate suicidal thoughts and feelings. It can help someone to look at the risks they face and make choices on how to reduce the risks and keep themselves safe. The steps include helping them to reduce the risk, identifying triggers, coping strategies, who can support them in a crisis, particularly when they are thinking about suicide. When a safety plan is developed with a pupil it **should be discussed with the Key Contact** and the parent/carer as appropriate, and arrangements for ongoing support agreed with the pupil. Click [here](#) to view Safety Plan.

It is also important that pupils who have a Safety Plan continue to avail of counselling/therapy as appropriate and avail of drop-ins to check in with the counsellor/therapist on a regular basis as required. Details of drop-ins attended or any other check-ins with the pupil must be recorded and held within the pupil's file, **along with a copy of their Safety Plan.**

31. Understand the requirement of continuing to counsel the client until an appointment has been made with external agency

Continuing to counsel the client until an appointment with an external agency is made is important to ensure the client feels supported and does not experience a gap in care that could lead to a crisis or setback. It provides a safety net, maintaining stability and continuity in the client's emotional and mental health care during the transition.

32. Comfortable and confident of confidentiality and its limitations

Confidentiality is a fundamental principle in counselling young people, as it helps build trust and creates a safe space for them to share their thoughts and feelings openly. However, there are limitations to confidentiality that must be clearly communicated to the client

from the outset. Counsellors/therapists are ethically and legally obligated to break confidentiality if there is a risk of harm to the client or others, such as instances of abuse, self-harm, or suicidal ideation. Additionally, certain disclosures might need to be shared with parents or guardians, especially if the young person is under a specific age or if parental consent is involved in the counselling process. Understanding these limitations helps young clients make informed decisions about what they share and ensures their safety and well-being remain the priority.

33. Confidentiality when using Emails – Using the Subject and Passwords

If you consider that it is appropriate to communicate sensitive, confidential or personal information via email, you should always include as part of the subject to such emails the words, 'Strictly Private & Confidential' to warn the recipient that the email contains confidential information, so that they know to open the document in a secure environment. When sending an email that contains sensitive personal information, ensure that this information is not in the body of the email. Rather than including the sensitive personal information or confidential information in the body of the email, put this into a separate attachment and protect it with a password. This way, even if the email is accidentally sent to an incorrect recipient, the risk of that incorrect recipient accessing the attachment containing the sensitive or confidential information will be minimised. Then send a second email with the password, or communicate this in-person, or over the phone.

34. Responding to Requests for Emotional Support *During* a Critical Incident

During a critical incident, if school staff contact the counselling/therapy provider or the school counsellor/therapist directly, they must be signposted to the regional EA CIRT Helpline number (028 3751 2515) and the EA HOPE Contract Management Team must be immediately informed. The EA Critical Incident Response Team (CIRT) may approach the provider to request counsellor/therapists to assist CIRT to provide appropriate emotional support. Such requests will be made via the EA HOPE Contract Management Team to the relevant provider. During the critical incident response, the counsellor/therapist will be managed by the EA CIRT lead. Where a critical incident occurs in a school, to which the EA CIRT is responding, if this incident coincides with the counsellor/therapist's scheduled day, the counsellor/therapist should continue to work with the planned pupils unless an alternative arrangement has been agreed between the provider and the EA HOPE Contract Management Team.

35. Respond to Requests for Counselling/Therapy *Following* a Critical Incident

Where a school contacts the provider or the school counsellor/therapist directly, they must signpost the school to the regional EA CIRT

Helpline number (Tel: 028 3751 2515) and inform the EA HOPE Contract Management Team immediately. Providers may be asked by the EA HOPE Contract Management Team to carry out assessments for counselling/therapy following a critical incident, after an appropriate length of time. The HOPE service support made available as part of the follow up to a critical incident will be used from the bank sessions.

36. Understand the expectation to reuse DNAs where possible

- Counsellors/therapists must endeavour, in partnership with schools, that all counselling/therapy individual, group sessions and Drop-In's are used and the number of Did Not Attend (DNAs) and wasted sessions are kept to a minimum.
- Reasons for DNAs, reuse of sessions and wasted sessions must be reported to EA HOPE Contract Management Team on the Monthly Operational Report and Monthly Monitoring Reports.

Monitoring

37. Comfortable and confident completing HOPE Service Monthly Monitoring Return (MMR)

This must be completed each month and returned to your Line Manager. It can be done either using a Hard Copy, or digitally using your Google Drive.

Please click [here](#) to view a copy of the MMR.

38. Comfortable and confident completing HOPE Service Monthly Operational Report (MOR)

This must be completed by the 3rd of each consecutive month and returned to your Line Manager. It can be done either using a Hard Copy, or digitally using your Google Drive. Please use the 'Monitoring' template on Smilenotes every day you are in a school to document your sessions. This will be immensely helpful when completing the MOR.

Failure to complete the MOR by the 3rd of each consecutive month, will result in disciplinary action, unless otherwise agree by your Line Manager. Please click [here](#) to view a copy of the MOR.

39. Supervision Expectations

- a) Noting when each client is brought to External Supervision
 - b) Completing External Supervision Report
-
- a) Ensure the individual record demonstrates that the counselling/therapy intervention has been specifically assessed and reviewed at the 4th to 6th session with appropriate action recorded. The record must clearly show where this has been discussed within line management and external clinical supervision.
 - b) You are required to submit an External Supervision Report by the 3rd of each consecutive month. This can be done via email, and should inform your line manager the name of your supervisor, dates of your sessions, and how long each session was. No details of supervision content are required, this is strictly confidential between you and your supervisor.

40. Confident and comfortable with the Timesheet

This must be completed by the 3rd of each consecutive month and returned to your Line Manager. It can be completed digitally using your Google Drive. In Google Drive, select 'Shared with me' and select the folder with your name on it. Then open the folder 'Timesheet' and open the document. Fill it in online, there will be no need to download and send to your Line Manager, it will save automatically. It is often helpful to do this at the end of each week, or working day.

Please click [here](#) to view the Timesheet document.

41. Confident and comfortable with

- a) Accessing emails
- b) Using your phone
- c) Orienting your laptop

Please share with your line manager if you are unsure of any of these items.

42. Understanding of school closures, that you will work with the company to either move your day of working, or add additional sessions where possible

Please understand that in the event of school closures, we will expect you to collaborate with the company to either reschedule your working day or add additional sessions where possible. This flexibility ensures continuity of support for students even during unexpected disruptions.

43. Aware of how to record travel expenses

Travel expenses are recorded in Google Drive. In Google Drive, select 'Shared with me' and select the folder with your name on it. Then open the folder 'Travel Expenses' and open the correct month. There you will find the Travel Expenses Record. Fill it in online, there will be no need to download and send to your Line Manager, it will save automatically.

Please click [here](#) to see our Travel Expenses Report.