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Version 1 2023

Shadowing opportunities are offered as part of a continuing professional development for all staff. The opportunities will be tailored as far as possible to the learning needs of the individual within the constraint of the work shadowing opportunity.

You may consider a work shadow opportunity would be beneficial to you in your current role to enhance your understanding of your multi-agency colleagues’ role and responsibility and that of their agency, in promoting the welfare and protection of children, young people and adults.

The flow chart below shows the process to gain a shadowing opportunity and expectations of you and your Line Manager following-on from this.



|  |  |
| --- | --- |
| **Application for Shadowing Opportunity** | |
| **Name:** |  |
| **Work base/Department:** |  |
| **Service/Agency:** |  |
| **Length of time in Service:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **Line Manager:** |  |
| **Line Manager Telephone:** |  |
| **Line Manager E-mail** |  |
| **Agency/Service Placement Requested:** | |
| **Identify aims and objectives of placement requested:** | |
| **How does this contribute to your continuous professional development:** | |
| **Signature:** |  |
| **Date:** |  |
| **Line Manager Authorised** | **YES/NO** |
| **If NO state Why** |  |
| **Line Manager Signature:** |  |
| **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **To be completed following Shadowing Opportunity** | | |
| **Name:** | | **Date:** |
| **Continuous Professional Development:** | | |
| **Reflect on Learning:** | | |
| **How will this learning be applied to your practice?** | | |
| **Who else could you share this learning with?** | | |
| **Signature:** |  | |
| **Date:** |  | |
| **Line Manager Signature:** |  | |
| **Date:** |  | |