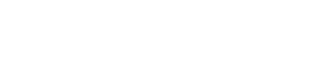
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**One to One**

It is recommended that a one to one meeting is held each month, however where this is not possible/practical for some departments, a minimum of three one to ones must be held each year. This one to one form is a live document and is to be updated at each one to one. The form must be signed by both parties. Please refer to the guidance document for further details on how to complete this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Employee Name:** | |  | | | | | | | | | | | | **Manager/Supervisor Name:** | | | | | | | | | |  | | | | | | | | |
| **Annual period of One to One:** | | | | 1st April 2024 – 31st March 2025 | | | | | | | | | | **Frequency of One to Ones:** | | | | | | | | | | Monthly | | | | | | | | |
| **Dates of One to One meetings:** | | | | |  | |  | |  | |  | | | |  | | |  | |  | | |  | | |  | |  |  | |  | |
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| **How am I?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How are you? how is your health and wellbeing?** If more support is needed please visit the Employee mental health and wellbeing pages on the website | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How is your work-life balance? (agile working arrangements, working pattern, hours etc)** if more support is needed please refer to the Agile Working Policy and Guidance documents on the website. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| August :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Workload task you would like to discuss with me? Any concerns?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| September :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recap from last one to one** (Briefly list any actions, work tasks or objectives that are outstanding from the last meeting) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **My performance and objectives** (Closing completed objectives and setting new objectives with timescales) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Objectives must be SMART and updates are to be given at the next one to one. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Objective Title and Detail** | | | | | | | | | | | **Timescales** | | | | | **Completed?** | | | | **Comments** | | | | | | | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My opportunities to learn, develop and grow -** Please discuss mandatory e-learning and ensure any existing / new modules have been completed. Please refer to the learning and development pages on the Denbighshire website for further details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | May :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | June :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | July :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | August :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | September :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | October :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | November :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | February: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | March: - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time out** (Annual leave, flexi, meetings and events) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | May :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | June :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | July :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | August :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | September :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What can you do for me?** (Any additional support required?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Actions for both the Manager and Employee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | April :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| December :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March :- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration(s) of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Our Code of Conduct policy provides information on potential conflicts of interest, including; Outside commitments, Personal interests and Sponsorship <https://www.denbighshire.gov.uk/en/jobs-and-employees/my-employment/conflicts/conflicts-of-interest.aspx> please ensure that any disclosures are recorded using the declaration of interest form attached to the Officers Code of Conduct policy and sent to the appropriate Officer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **By signing this one to one form, both parties acknowledge that they have read and discussed the contents of the form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Employee: | | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  |
| Signature of Manager: | | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  |
| Date of One to One: | | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  |

The manager is to enter the date of the one to one meeting into itrent after each meeting has taken place.

Please use the ‘Date Only – One to One’ option from the drop down in itrent.