

**THE POLICE AND CRIME COMMISSIONER FOR
DERBYSHIRE
INDEPENDENT CUSTODY VISITING/REVIEW SCHEME
INDIVIDUAL SUPERVISORY MEETING FORM**

Volunteer Name:		
Time and Date of Meeting:	Venue:	
Probationary Period:	Visits made:	Visits booked:
1. How do you think things are going for you in your role as a Custody Visitor/Reviewer and is it what you expected?		
2. How do you feel about your current commitments to the scheme? Are you making enough visits or are they encroaching too much on your time?		
3. Do you think you are sufficiently supported by other Custody Visitors/Reviewer? If not, why?		
4. Do you feel sufficiently supported by the Office of the Police and Crime Commissioner? If not, why? What can we do to remedy this?		
5. Is there any training you would like the Office of the Police and Crime Commissioner to provide to develop your role?		

6. Are there any issues you would like to raise?

7. Would you like to continue in the role of Independent Custody Visitor/Reviewer? Y/N
If not, why not?

8. Recommendation:

We agree that the information in this form is a correct record of the meeting:

Signed (Volunteer)

Signed (Scheme Administrator)

Date