



## Acting Duty Manager Assessment

Name		Date	
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		Yes	No
A: The ability to be flexible and able to provide sleep-in duties as and when required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: The ability to function in and contribute to each house **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Have they displayed leadership and support to other members of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: They are up to date with all mandatory training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: They have not been subject to a disciplinary procedure within the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F: **Have they completed all Key Worker Tasks **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G: Have they attended Multi agency meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments
B**= Not to be given unless consulted with HR**
F =**Please refer to Key Worker task list**

Name: \_\_\_\_\_ signature: \_\_\_\_\_ Date: \_\_\_\_\_