



# Level 2 Award in Health and Safety in the Workplace

*and has been awarded credits for the following unit  
Health and Safety in the Workplace, H/601/9699, 1 credit*

This is to certify that  
**Yan Paschali**

has achieved this nationally-recognised qualification. Qualification accreditation  
number 601/2044/7.

**Signature**

**Name Irrelevant**

Chair of The Board of Trustees

**Signature**

**Name Irrelevant**

Chief Executive

Regulated by

**Ofqual**

For more information see <http://register.ofqual.gov.uk>

Certificate number

2119523L2HSW\_Paper



Issue date

11 May 2016

British Safety Council (Company Limited by Guarantee) Registered in England and  
Wales No. 4618713, Registered Charity No. 1097271 and OSCR No. SC037998.

## 1:1 Feedback Sheet

This feedback sheet should be completed by the Coach/Line Manager in conjunction with the Trainee as part of the weekly 1:1 process. This meeting should take approximately 15 minutes. It provides all parties with the opportunity to have a focused discussion on the Trainee's current performance with the aim of giving the Trainee positive feedback on what they are doing well, along with constructive feedback on areas requiring improvement, supported by an action plan.

It is important for the feedback sheet to be completed at the time of the meeting and that all parties receive a copy. A copy of this should also be kept in the Trainee's Training and Development File.

Name of Trainee: YAN Name of Coach: UNUTAN  
PASAL  
Name of Line Manager: UNUTAN Date: 19/5/16

Actions carried forward from previous 1:1 (if applicable)

N/A

Signature

What is going well? (Identify an exceptional area of performance)

YAN HAS PASSED HIS TEST + RDS  
ASSESSMENT,  
YAN HAS BEEN USING HIS EXPERIENCE  
TO HELP THE OTHER STUDENTS

What needs improving? (Identify an area that requires the most improvement)

YAN NEEDS TO TAKE UP  
YAN NEEDS TO FOCUS ON CTR  
NEXT WEEK + WILL BE ABLE  
TO HELP THE OTHER MEMBERS OF  
THE GROUP.

## 1:1 Feedback Sheet Continuation Sheet

Action Plan (If improvement required)

| What                        | How                  | When                      | Review Date   | Achieved (Y/N) |
|-----------------------------|----------------------|---------------------------|---------------|----------------|
| CTR<br><br>FINISH<br>COURSE | COURSE<br><br>COURSE | 23/5/16<br><br>ONBOARDING | END<br>COURSE |                |

Questions or concerns raised by the Trainee:

★ CAR STAGE ONLY & ONBOARDING / SUPPORT

Comments from the Trainer:

Signature

**Signature**

Signed by Trainee:

Signed by Trainer:

**Signature**

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Name of Trainee: YAN PASCHALI Name of Coach: WOTTON

Name of Line Manager: WOTTON Date: 2/6/16

### Actions carried forward from previous 1:1 (if applicable)

YAN HAS PASSED CTR  
TEST 100%.

### What is going well? (Identify an exceptional area of performance)

YAN HAS BEEN REALLY HELPFUL  
IN THE CTR HELPING THE OTHER  
STUDENTS.

### What needs improving? (Identify an area that requires the most improvement)

TEST FRIDAY.  
YAN HAS TO FOCUS ON SHADOWING NEXT  
WEEK TO LEARN BA ROUTINE / LAYOUT,  
POLICIES AND NEEDS TO ADAPT TO  
WORKING IN A DETENTION CENTRE + NOT  
A PRISON.

## 1:1 Feedback Sheet Continuation Sheet

Action Plan (If improvement required)

| What                                    | How       | When   | Review Date      | Achieved (Y/N) |
|---|-----------|--------|------------------|----------------|
| TEST                                    | TEST      | 3/6/16 | 3/6/16           |                |
| FAMILIARISH<br>BA ROUTINE<br>PROCEDURES | SHADOWING | 6/6/16 | END<br>SHADOWING |                |

Questions or concerns raised by the Trainee:

UNIFORM TRAVERS

Comments from the Trainer:

**Signature**

Signed by Trainee: .....

**Signature**

Signed by Trainer: .....