Core Training: Local Lay-Pastor Line-Management Meeting

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| Click here to enter text. |

Meeting No.

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| --- |
| Click here to enter text. |

Date of Meeting:

|  |
| --- |
| Click here to enter text. |

Local Lay-Pastor:

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| --- |
| Click here to enter text. |

Line-Manager:

**Review of actions from last meeting and progress towards meeting core competencies**

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| Click here to enter text. |

Comments

**Particular strengths demonstrated**

|  |  |
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| Click here to enter text. | Click here to enter text. |

Core Competencies Comments

**Focus areas for development**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |

Core Competencies Comments and Actions

**Core Competencies**

*Please tick to indicate to what extent the competencies in each strand are being met*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| All being met |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Partly being met |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Not yet evidenced |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]