

Team Leader Assistant Handbook

Name of Employee: _____

Date of Training: _____
Trainers Name: _____

This booklet should be taken to every training session. It is the trainees responsibility to ensure the booklet is completed in readiness for the reviews that take place.

Once the trainee is signed off the booklet should be stored in the training file.

Edition
2016

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Team Leader Assistant Training programme

Cumulative	Content	Duration
	Introductory session - Team Leader Assistant	4 hours induction
4	Basics 1: Shadow Session	4 hours
6	Basics 2: Call Centre Basics	4 hours (2 hours classroom based)
14	Team Leader Assistant Sessions	8 Hours
16	Basics 3: PCC Basics	4 hours (2 hours classroom based)
28	Team Leader Assistant Sessions	12 hours
	Intermediate review	
44	Unsupervised Team Leader Assistant Sessions	16 hours
	Final Session	4 hours

The following table should be completed at every training session until you are signed off.

Session	Date	Time	Trainer	Attended		Trainer Sign	Trainee Sign
Introductory				Yes	No		
Shadow				Yes	No		
1				Yes	No		
2				Yes	No		
3				Yes	No		
4				Yes	No		
5				Yes	No		
6				Yes	No		
7				Yes	No		
8				Yes	No		
9				Yes	No		
10				Yes	No		

The number of sessions you have to do will be dependent on the number of hours you complete in a session and the outcome your review.

Review Date	Carried out by:	Comments:

Signed off by: Print _____ Date: ___/___/___

Signature: _____

Competences Sign off Sheet

Module	Date Completed	Trainee Signature	Trainer Signature
Checking Rota <ul style="list-style-type: none"> • Staff on shift and logged in on time • Check for any absence • Contact late/absent 			
NHS111 Inbox and Despatching rota			
Managing Staff Breaks			
Aداstra windows to open & explanation/monitoring <ul style="list-style-type: none"> • Assessment pool • Case streaming • Case Tracking all locations • Despatching Screen • 111 Inbox 			
How to deal with Queries-Give examples			
<ul style="list-style-type: none"> • NHS 111 • Lock Manger • Unlock User/Re-set Password 			
BT Report for Contact Centre			
Record 09			
IT Helpdesk <ul style="list-style-type: none"> • How to report an issue 			
How to report and deal with Aداstra problems			
<ul style="list-style-type: none"> • Shown where to find number 			
Special Projects			
<ul style="list-style-type: none"> • Walsall/Lichfield Palliative Care • Walsall Swift Discharge • Lordswood Special Scheme (Sat Mornings) • AVS Visiting Service • HMP Birmingham 			

Feedback & Actions

To be completed by the Reviewer /Trainer regarding performance, progress, knowledge & understanding after each session. Please ensure you discuss your feedback with the Trainee.

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

Feedback & Actions

To be completed by the Reviewer /Trainer regarding performance, progress, knowledge & understanding after each session. Please ensure you discuss your feedback with the Trainee.

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

Feedback & Actions

To be completed by the Reviewer /Trainer regarding performance, progress, knowledge & understanding after each session. Please ensure you discuss your feedback with the Trainee.

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

Feedback & Actions

To be completed by the Reviewer /Trainer regarding performance, progress, knowledge & understanding after each session. *Please ensure you discuss your feedback with the Trainee.*

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

Feedback & Actions

To be completed by the Reviewer /Trainer regarding the Trainees performance, progress, knowledge & understanding after each session. *Please ensure you discuss your feedback onto the Trainee.*

Date	Comments / Feedback	Actions	Review Date	Signature of trainee	Signature of Trainer

Trainees Signature: _____

Date: _____

Trainers Signature: _____

Date: _____

Reflective Practice

Describe briefly a recent significant experience in your professional life:

What did you do ...

... and why?

What went well ...

... and what could have been better if anything?

What would you do differently, If
Anything, if faced with a similar situation
again?

How did you feel during the experience?

Describe what you learnt from this experience(learning outcome)

What is your action plan from this incident, if anything?

Name of reflector:

Name of reviewer (if used):

Date:

I can use this evidence for: Portfolio /CPD / other*
(*Delete/Indicate as appropriate)

Please complete after each training session and keep in your pack ready for your review.

Reflective Practice

Describe briefly a recent significant experience in your professional life:

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Date:

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(*Delete/Indicate as appropriate)

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Reflective Practice

This is the last copy. If you require more please photocopy.

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Please complete after each training session and keep in your pack ready for your review.

Version Control

<i>DATE</i>	<i>CHANGE</i>	<i>CHANGED BY</i>
01/02/2015	Original Version	CY
06/04/2016	Feedback/Training Program and log added	CY