|  |  |  |  |
| --- | --- | --- | --- |
| **Date and time of Interview:** |  | **File number:** |  |
| **Client Name:** |  |
| **Name of supervisor:** |  |
| **Students present at the meeting:***(if different from the client meeting please note under the responsibility section)* |  |
| **Was any pre-interview research conducted?***(If yes, ensure that you have fully completed ‘Form 3 - PRE CLIENT INTERVIEW RESEARCH’ sheet.*  |  |
| **THE FOLLOWING SHOULD BE ANSWERED BY MEMBERS OF THE SLF COLLECTIVELY** |
| **Summary of discussion** |  |
| **How do you intend conduct the interview and who will take responsibility for:*** **greeting the client**
* **interviewing**
* **minute-taking**
* **photocopying documents**
* **providing a receipt for original documents?\***

\*Only required in exceptional circumstances and you MUST have staff approval to retain original documents*(if more than one SLF member is undertaking a task this should be clearly stated with a description of how you propose to conduct events)* |  |