|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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)* | |  | | | | |