**Assessed and Supported Year in Employment (ASYE)**

**Heading page: part 3**

**Interim/six-month review**

**To be completed by the NQSW**

|  |  |
| --- | --- |
| **NQSW name** |  |
| **ASYE assessor name** |  |
| **Line manager name****(if different from ASYE assessor)** |  |
| **ASYE start date**  |  |
| **Employing organisation** |  |
| **Name of service in which NQSW is based, for example:****Adult services****Mental health services****Child and family/Children’s services** |  |
| **Name and/or type of team** **(please do not record address)** |  |