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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Date of Review:** | | | **Reviewer:** | |
| **Agreed feedback/summary for the Bishop (NB this part will** only **be seen by the Bishop)** | | | | | | | | |
|  | | | | | | | | |
| **Following your review, would you welcome a meeting with the Bishop?** | | **YES / NO** | | **Date of Next Meeting**  **(where applicable)** | | |  | |
| **Signed by Reviewee** |  | | | **Signed by Reviewer** |  | | | |