

FIRST INDIVIDUAL CONSULTATION MEETING (FICM) RECORD FORM (insert date)

Head teachers/managers are required to complete this form giving details as indicated.

School: _____

Name of Employee	Date of FICM and name of manager who carried out the meeting	State current post title and grade	If being assimilated please state post title and grade	If in a ring fence situation please state post title and grade	If no direct assimilation opportunities are available and employee is at risk please indicate by placing Yes in the box that you have advised staff they are at risk of redundancy and will be issued with written confirmation on insert date

Head teacher: _____ Date: _____