**Draft Timetable Template (to be returned one week prior to the visit)**

**Local Authority:** **Date of visit:**

**CLD Lead Name:**  **Telephone number:**

**Activity Column** – please provide the meeting/group titled, contact name, address and telephone number

**Reason for Inclusion** – please tell us briefly how this meeting relates to your self-evaluation,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **AM** | **PM** | | **Evening (if required)** | |
|  | Activity | Activity (include venue and contact details) | Reason for Inclusion | Activity (include venue and contact details) | Reason for Inclusion |
| Managing Inspector | Travel |  |  |  |  |
| Team Member 1  HM Inspector | Travel |  |  |  |  |
| Team Member 2  Associate Assessor | Travel |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tuesday** | **AM** | | **PM** | | **Evening (if required)** | |
|  | Activity (include venue and contact details) | Reason for Inclusion | Activity (include venue and contact details) | Reason for Inclusion | Activity (include venue and contact details) | Reason for Inclusion |
| Managing Inspector | 0900 HMI Team Meeting |  |  |  |  |  |
| Team Member 1  HM Inspector | 0900 HMI Team Meeting |  |  |  |  |  |
| Team Member 2  Associate Assessor | 0900 HMI Team Meeting |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wednesday** | **AM** | | **PM** | **Late pm/Early Evening** |
|  | Activity (include venue and contact details) | Reason for Inclusion | Activity (include venue and contact details) | Activity |
| Managing Inspector | Writing time |  | 1230 HMI Team Meeting    1430 – verbal feedback. | Travel |
| Team Member 1  HM Inspector | Writing time |  | 1230 HMI Team Meeting    1430 verbal feedback | Travel |
| Team Member 2  Associate Assessor | Writing time |  | 1230 HMI Team Meeting    1430 verbal feedback | Travel |