**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 1HM Inspector | Travel  |   |   |   |   |
| Team Member 2Associate Assessor  | Travel  |   |   |   |   |

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| --- | --- | --- | --- |
| **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 1HM Inspector | 0900 HMI Team Meeting     |   |   |   |   |   |
| Team Member 2Associate Assessor  | 0900 HMI Team Meeting       |   |   |   |   |   |

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| --- | --- | --- | --- |
| **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 1HM Inspector | Writing time      |   | 1230 HMI Team Meeting  1430 verbal feedback   | Travel  |
| Team Member 2Associate Assessor  | Writing time  |   | 1230 HMI Team Meeting  1430 verbal feedback  | Travel  |