**MDR Review Summary Form**

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| --- | --- |
| Your name: |  |
| Your MDR Facilitator’s name: |  |
| Your Context/Role(Benefice/Chaplaincy/Pioneering/Secular Employment): |  |
| Length of time in your current context/role(s)? |  |
| Date of Review: |  |
| Period under review: |  |

*This form is to be completed by the priest/deacon and the MDR Facilitator during the MDR Review Meeting, or immediately afterwards*

## Review of objectives set last time.

## If this is your first MDR, you do not need to complete this page.

## Please go straight to Page 3 – Wellbeing and Safeguarding

Take each objective in turn. Review how far they have been met or refined. How fruitful have they been in the life of your parish/benefice/the focus of your ministry? How fruitful have they been for you personally?

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| --- | --- | --- |
| Ministry Objectives (from previous MDR) | Measure of progress | Review/completion date |
| 1.2.3. |  |  |
| Your own reflections at the end of the period |
| Personal Objectives(from previous MDR) | Measure of progress | Review/completion date |
| 1.2.3. |  |  |
| Your own reflections at the end of the period |

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## Wellbeing

## MDR Facilitator please note any Wellbeing (Spiritual, Physical or Emotional) issues/concerns that arose during the Review, and any plans to address them

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## Safeguarding

## MDR Facilitator please summarise any Safeguarding issues/concerns raised, and any follow up actions taken/required.

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## Summary and reflection on feedback received.

MDR Facilitator, please summarise and reflect on the feedback provided

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Reviewee,please reflect on the above summary and anything else that has become apparent during your MDR

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**Objectives for the coming two years.**

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| --- | --- | --- |
| Ministry Objectives | Measure of progress(What will good look like?) | Review/completion date |
| 123 |  |  |
| Personal / Developmental Objective | Measure of progress(What will good look like?) | Review/completion date |
| 123 |  |  |

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## Summary of development needs.

From the objectives you have set above what learning and development needs have you identified?

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| Learning and development needs identified |
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| How might these learning needs be met? What action are you going to take and by when?  |
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| --- |
| Reviewee comments |
|  |

|  |  |  |
| --- | --- | --- |
| Reviewee name and signature |  | Date of Review |
| MDR Facilitatorname and signature |  |

*Reviewee, after you have made your own final comments and signed the form, please send it to the MDR Administrator.**MDRadmin@truro.anglican.org*