**MDR Review Summary Form (MDR 4)**

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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, please refer to the Objectives in Section 6 of your Roles and Responsibilities document that you agreed with your Archdeacon.

Take each objective in turn. Review how far it has 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 your previous MDR or Section 6 of your R&R document) | Measure of progress | Review/ completion date |
| 1. 2. 3. |  |  |
| Your own reflections at the end of the period | | |
| Personal Objectives  (from previous MDR Section 6 of your R&R document) | 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. Please also note any areas of good practice and/or development.

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## Summary and reflection on feedback received.

MDR Facilitator, please summarise and reflect on the feedback provided by the clergyperson’s colleagues

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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 18 – 24 months.**

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| Ministry Objectives | Measure of progress  (What will good look like?) | Review/ completion date |
| 1 2 3 |  |  |
| Personal / Developmental Objective | Measure of progress  (What will good look like?) | Review/ completion date |
| 1 2 3 |  |  |

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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 Facilitator name 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*](mailto:MDRadmin@truro.anglican.org)