**TAP 2018**

**EDUCATIONAL SUPERVISOR RECOMMENDATION**

|  |  |
| --- | --- |
| Trainee Name |  |
| IBTPHEM Number |  |
| Programme (Deanery) |  |
| Expected date of completion |  |

As Educational Supervisor, I have reviewed the evidence presented to me and

☐ recommend this trainee for completion of PHEM sub-specialty training (pending the results of any examinations).

☐ DO NOT recommend this trainee for completion of PHEM sub-specialty training (pending the results of any examinations).

Comments

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Supervision | | | | | | | |
| Phase 1a | % | Phase 1b | % | Phase 2 | % | Overall | % |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signed |  |

|  |  |
| --- | --- |
| Date |  |