**Please refer to the guidance at the back of this document when completing the form and compiling your folder.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First name** |  | **Surname** |  | | | **Applicant ID** |  |
|  |  |  |  | | |  |  |
| **Description of evidence** | | **Tick if evidence is in your application form** | | **Tick if appears in folder** | **Page number in folder** | **Interviewers comments** | |
| Quality Improvement (Audit) | |  | |  |  |  | |
| Commitment to Specialty – Activities that demonstrate learning about the Specialty: | |  | |  |  |  |  |
| * Additional undergraduate degrees and qualifications | |  | |  |  |  | |
| * Postgraduate degrees and qualifications | |  | |  |  |  | |
| * Additional achievements eg: prizes, honours etc | |  | |  |  |  | |
| * Training courses attended | |  | |  |  |  | |
| * Achievements outside medicine | |  | |  |  |  | |
| * Publications, Presentations, Poster presentations | |  | |  |  |  | |

*Declaration for candidate:*

**I DECLARE ALL THE INFORMATION IN MY PORTFOLIO IS ACCURATE AND TRUE:**

**Signed: …………………………………………………………………………...**

**Full name: ……………………………………………………………………….**

**Date: ……………………………………………………………………………….**

*This form to be retained by the CSRH National Recruitment Office*

**Guidance**

**Completing the Portfolio Review form:**

When completing the form, you need to:

* Add your name and Applicant ID to the top of the form. *Applicant ID is equivalent to your Oriel pin.*
* Indicate against each area where you have evidence included in your folder. If you are using numbered dividers for your folder, please quote the relevant section number on the form.
* Leave the areas shaded grey blank; this is for interviewers to complete.