

Clinical Supervisors Educational Meeting

This meeting form is to be used for the Initial Meeting between Clinical Supervisors and Trainees.

Trainee's Name:

GMC Number:

Name of Clinical Supervisor / Educational Supervisor:

Meeting Date:

PDP Learning Objectives:

Review of previous 3-6 months:

Lessons learnt:

Courses/exams booked or completed:

Audit *(planned or completed)*

Research *(planned or completed)*

Examination:

Induction received: Yes No

Reviewed personal plan:

Meeting confirmed:

Educational Supervisor Signature

Trainee signature