## Pre-Activity Summary Sheet

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| **Activity area title** | | | |  | | | | | | |
| **Personal details** | | | | | | | | | | |
| **Name** | | |  | | | | | | | |
| **Training number** | | |  | | | **Reference** | |  | | |
| **Date** | | |  | | | **Year of training (WTE)** | |  | **Phase of training** |  |
| **Training location** | | |  | | | **Supervisor** | |  | | |
| **Activity Details** | | | | | | | | | | |
| **Background** | | | |  | | | | | | |
| **Aims and objectives** | | | |  | | | | | | |
| **Personal contribution/ roles and responsibilities** | | | |  | | | | | | |
| **Involvement of others** | | | |  | | | | | | |
| **Learning outcomes to be claimed** | | | | | | | | | | |
| **Learning Outcome in 2015 FPH Curriculum** | | | | | **Explanation** | | | | | |
| *3.7* | *Undertake policy or strategy evaluation using an appropriate method, critically analysing whether desired changes have been achieved* | | | |  | | | | | |
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| **Supervisor comments** | | | | | | | | | | |
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| **Supervisor confirmation** | | | | | | | | | | |
| I confirm that it is anticipated that work will support the competencies outlined above | | | | | | | | | | |
| **Date** | |  | | | | | **Signature** | | | |
| **Supervisor’s name** | |  | | | | |