## EoE Public Health Training programme – Clinical Supervisor Accreditation form

Please complete this accreditation form alongside the ‘EoE PHTP Clinical Supervisor Training Guide’, which guides you through core learning resources and mandatory training requirements for HEE CS accreditation. Please email your completed form and attach your evidence in a Zip file and send to phschool.eoe@hee.nhs.uk and kirsteen.watson@hee.nhs.uk.

**Personal details:**

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| GMC number or registration: |  |
| Work address: |  |
| Email: |  |
| Contact telephone number: |  |
| Date of previous accreditation (if any): |  |
| Date of application / re-accreditation: |  |
| Date of last educational review at appraisal: |  |
| Educational qualification (PG Cert/Dip/MA) & date of completion (if any): |  |
| Educational courses completed in the last 5 years: |  |
| Supervisor training days (Professional Development days) attended in last year: |  |

Please ensure that you have attached the required evidence detailed in the table below (as Zip file of docs or copied into a word document):

|  |  |
| --- | --- |
| **Evidence required** | **File name/document** |
| Components | * eLfH Personal log of completed modules (screenshot) (training component 1)
 |  |
| * Certificate of attendance at online University CS course (HEE approved) (training component 2)
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| * Certificates of completion of HEE specific videos (training components 3)
 |  |
| * Reflective note (min 400 words) for each of 4 themes
 |  |
| Theme A | * Reflective note – theme A
 |  |
| * Job plan which includes educational role
 |  |
| * Inclusion of educational role in appraisal
 |  |
| * FPH CPD certificate from previous CPD year
 |  |
| * Trainee or learner feedback example which has informed your practice
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| * Peer feedback example which has informed your practice e.g. peer conversation/case based discussion, peer observation, MSF report
 |  |
| Theme B  | * Reflective note – theme B
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| * Equality & diversity training certificate (within last 3 years)
 |  |
| * Involvement in induction e.g. induction programme/checklist, meeting agenda, evaluation of induction programme
 |  |
| Theme C | * Reflective note – theme C
 |  |
| * Example of assessment of learning needs or consideration of learning needs with trainee / staff e.g. SWOT, supervision notes, Learning agreement, action plan for addressing learning needs, project plan to address learning needs.
 |  |
| Theme D | * Reflective note – theme D
 |  |
| * Example of feedback offered to individual e.g. response from registrar, summary of supervision, peer discussion.
 |  |
| * Example of workplace-based assessment completed with a trainee (if available).
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*If you wish, please identify one or more learning objectives for your ongoing development as a Clinical Supervisor where we can help to address this and add any further information you would like to submit or any requests for information or support as EoE PH Educator faculty. We welcome all feedback and suggestions: alternatively you can contact the Faculty Development Lead directly.*

|  |  |
| --- | --- |
| Learning needs/objectives identified for next year: |  |
| Any other information or comments: |  |

Signature of Clinical Supervisor:

Date:

|  |
| --- |
| EoE PH TP Feedback on application: |

Approved as an accredited Clinical Supervisor by

Signature of EoE PH Training Programme Director or Lead for Faculty Development:

Date: