***This form is to be used in all East of England Trusts to select or re-select clinical educators.*** *It may be required by NHSE EoE or the GMC to demonstrate that clinical educators have been selected having demonstrated understanding of the areas of the AoME clinical supervisor framework. It must be completed* ***by the supervisor*** *to support initial approval as a supervisor within a Trust and again on re-selection, normally every 3 or 5 years.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:*****Full name as registered on GMC*** |  | **Specialty:*****Only specialties approved and listed on GMC*** |  |
| **Work Email:** |  | **Trust name** |  |
| **GMC Number:** |  | **Educational role*****Select appropriate*** | **Clinical Supervisor Educational Supervisor**  |

|  |
| --- |
| **Evidence – Training required every 3 or 5 years.****Please select one option and provide details of training completed** |
| **Option 1** | *Course delivered by College: please provide details:* | *Date course completed (DD/MM/YYYY)* |  |
|  |
| **Option 2** | *Approved Trust course**NB. this applies for courses approved in 2022 onwards* | *Date course completed (DD/MM/YYYY)* |  |
|  |
| **Option 3** | *Tiered Approach**NB. Both components need to be completed* | *University (HEI) course**Date course completed (DD/MM/YYYY)* |  |
| *Clinical (HEE) online content**Date course completed (DD/MM/YYYY)* |  |

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| --- | --- | --- | --- | --- | --- |
| **Date of last educational review at appraisal:**  |  | E**ducational PAs in the job plan:** | **Yes/No** | **Speciality/ies of trainees to who supervision is provided (e.g. foundation, GP)** |  |

**FOR DME/MEM USE:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Educator approved by:** |  | **Role:** |  | **Date:** |  | **Date for re-approval:** *Approval period is 3 or 5 years from date of recent training* |  |