**Learning agreement for the next X months (max 12m):** Learning Agreement Applicable from DATE to DATE

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| --- | --- | --- | --- |
| **Name:** |  | **Phase:** |  |
| **NTN:** |  | **Year:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detail** | **Plan** | **Date for completion** |
| **Educational Objectives** |  |  |  |
| **Exam milestones for current phase** |  |  |  |
| **Phase-based learning outcomes to achieve** |  |  |  |
| **Generic skills to achieve** |  |  |  |
| **Study leave to support learning outcomes** |  |  |  |
| **Placement move discussion** |  |  |  |

We agree this educational plan:

**Specialty Registrar:** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Clinical Supervisor(s):** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Educational Supervisor:** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**\*Academic Supervisor**: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**TPD:**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

\*ACF only.