**Learning agreement:** Learning Agreement Applicable from DATE to DATE (maximum period of one year)

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**@eoeLETB**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 for the next X months.

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

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

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

**Training Programme Director:**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*ACF only.