

FELLOWSHIP ANNUAL CANDIDATE REPORT

Please use this template to submit your Fellowship Annual Candidate Report.

Completed report can be submitted electronically when signed.

The Fellowship Annual Candidate Report is due by 31 July each year of supervised training.
The report must be typed; handwritten reports will **not** be accepted.

Date of report:

Candidate's name:

Primary Supervisor name:

Secondary Supervisor name:

Auxiliary Supervisor name(s) (if applicable):

Fellowship subject:

Training program commencement date:

Estimated training completion date:

Name and year of applicable Subject Guidelines:

Proposed Examination date:

SECTION 1 – Supervision:

Has the primary supervisor provided the minimum hours of onsite supervision as stated in the training program document?

Yes No

Comments:

Has the secondary supervisor provided the minimum hours of onsite/remote supervision as stated in the training program?

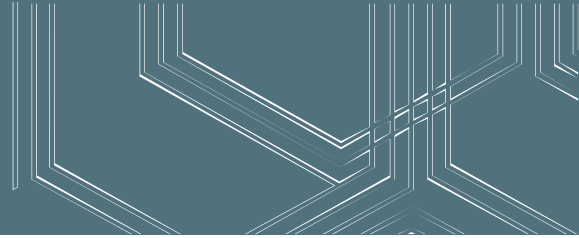
Yes No

Comments:

Do you feel that you have had sufficient mentoring and support during the interactions with the primary and secondary supervisor?

Yes No

Comments:



SECTION 2 – Caseload and work environment:

Has the case load been sufficient in terms of number and type of cases?

Yes No

Comments:

Has the case load been excessive for this stage of the residency program?

Yes No

Comments:

Do you have any concerns about:

a) achieving the case minima

Yes No

and

b) has this been discussed with your supervisors?

Yes No

Comments:

Has the workplace environment been conducive to learning in terms of clinical case management and scholarly activity?

Yes No

Comments:

Has the supplementary training proceeded as stated in the training program document?

Yes No

Comments:

Has there been time allocated to the research project and preparation of the publications?

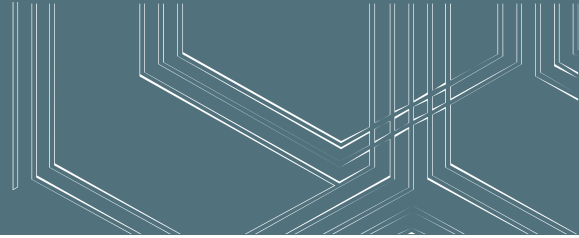
Yes No

Comments:

Has the workplace provided sufficient equipment and expertise to facilitate your learning and training?

Yes No

Comments:



SECTION 3 – Personal interactions:

Have you had personal interactions with supervisor(s) or staff that have impacted on your training?

Yes No

Comments:

Has there been anything else that you would like to tell us that might have impacted on your training?

Yes No

Comments:

SECTION 4 – Other comments:

Do you have any additional comments or points that you would like to bring to the attention of the Assistant Chief Examiner (Training and Credentials) in confidence?

Yes No

Comments:

SECTION 5 – Candidate's undertaking:

I certify that:

- All the information provided is true and a reflection of my training environment.
- I am aware that this information might be circulated within the administration of the College for evaluation, but will not be communicated to my supervisor without my permission.
- I have made all reasonable steps to address any areas mentioned above that are within my powers to do so.

Signed:

Date:

Candidate name: