**Learning Contract Report**

|  |
| --- |
| **Application information** |
| This form is to be completed by trainee at the end of the specified Learning Contract.For each period of training, all nominated supervisors and mentors are required to complete the Learning Contract Report (LCR).Training will not be certified without a LCR covering the entire period of supervision.Supervisors and mentors should ensure that the trainee receives a copy of all LCR submitted for assessment.You are advised to retain a copy of the completed form for your records.Before you complete this form ensure you have read and familiarised yourself with the [Public Health Medicine Advanced Training Program handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy). |
| **Calculation of training time (FTE)** |
| To ensure you have calculated your training time for this period adequately, please use the following formula:**Total amount of months x part-time (decimal point) = months FTE** For example, 12 months x 0.6 (60% FTE) = 7.2 months FTE. |
| **Submission dates** |
| All Learning Contract Reports must be submitted to the College **within 6 weeks after the end** of a position. |
| **Privacy** |
| The Royal Australasian College of Physicians is committed to protecting your personal information. We collect your personal information so that we can, amongst other things, conduct training, peer review, and examinations. Please refer to the [Privacy Collection Statement](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fcollection-statement&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811801437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xIzCxTNXHoMeGSLCAGMnj6DQsLGUS6A1jye7FV68kTw%3D&reserved=0) and the [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fpolicy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=naf7PpOFh%2FjYbxyAZsMH6bCNrqcs%2FpNcERdEfEyTLtc%3D&reserved=0) on the RACP website.Please note that the College may discuss the contents of this LCR with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of all previous LCRs to their next supervisors.The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 2020 (Aotearoa New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Refer to the College’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gl4uDFNWm91eH33sCGYszDkysQVRGQz%2Fj2M0dpwRKB0%3D&reserved=0).  |
| **Enquiries and submission** |
| Education, Learning and AssessmentThe Royal Australasian College of Physicians145 Macquarie StreetSydney NSW 2000 AUSTRALIAPhone: 1300 MY RACP Email: PublicHealth@racp.edu.au **Electronic forms accepted only.**  |
| **Notification of certification decision** |
| Once your report has been considered by Faculty Training Committee, you will be notified of the certification decision. The committee will either certify the training or defer the decision pending provision of further information or the outcome of an Independent Review of Training. In rare circumstances, the training may not be certified. Consideration of reports submitted after the deadline may be delayed. The College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an [Application for Special Consideration](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies). Trainees should refer to the [Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) for further details. |

**LEARNING CONTRACT REPORT**

Retain copy of completed document for your records.

**TRAINEE DETAILS AND TRAINING POSITION**

|  |  |
| --- | --- |
| **Trainee’s full name:** | Click here to enter text. |
|  |
| **Report covers period** | **From** | Click here to enter text. | **To** | Click here to enter text. |
|  |
| **Number of units completed in this placement**  | Click here to enter text. | **Full-time Equivalent (FTE)** | Click here to enter text. |
|  |  |
| **Training position** | Click here to enter text. |
|  |
| **Organisation’s name** | Click here to enter text. |
|  |
| **Year of Advanced Training** tRAININGTraining | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Did the trainee take any leave during the period covered by this report?** | Yes |[ ]  No |[ ]

|  |
| --- |
| If yes, please indicate the period(s) and types(s) of leave — for example annual, maternity, paternity: |
| **Period of leave** |  | **Type of leave** |
| from |  Click here to enter text.  | to |  Click here to enter text.  |  |  Click here to enter text.  |
| from |  Click here to enter text.  | to |  Click here to enter text.  |  |  Click here to enter text.  |
| from |  Click here to enter text.  | to |  Click here to enter text.  |  |  Click here to enter text.  |
|  |
| Total amount of leave (excluding maternity/paternity) |  Click here to enter text. weeks |
| Total amount of maternity/paternity leave |  Click here to enter text. weeks |

**SUPERVISOR DETAILS**

### Supervisor 1

|  |  |
| --- | --- |
| Supervisor’s full name | Click here to enter text. |
| Fellow of the AFPHM | Yes [ ]  No [ ]  |
|  |  |
| Qualifications | Click here to enter text. |
|  |  |
| Department or Unit | Click here to enter text. |
|  |  |
| Name of Institution | Click here to enter text. |
|  |  |
| Phone (W) | Click here to enter text. | Fax (W) | Click here to enter text. |
|  |
| Email | Click here to enter text. |

### Supervisor 2 (if applicable)

|  |  |
| --- | --- |
| Supervisor’s full name | Click here to enter text. |
|  |  |
| Fellow of the AFPHM | Yes [ ]  No [ ]  |
|  |  |
| Qualifications | Click here to enter text. |
|  |  |
| Department or Unit | Click here to enter text. |
|  |  |
| Name of Institution | Click here to enter text. |
|  |  |
| Phone (W) | Click here to enter text. | Fax (W) | Click here to enter text. |
|  |
| Email | Click here to enter text. |

### MENTOR DETAILS

|  |  |
| --- | --- |
| Mentor’s full name | Click here to enter text. |
|  |  |
| Fellow of the AFPHM | Yes [ ]  No [ ]  |
|  |  |
| Qualifications | Click here to enter text. |
|  |  |
| Department or Unit | Click here to enter text. |
|  |  |
| Name of Institution | Click here to enter text. |
|  |  |
| Phone (W) | Click here to enter text. | Fax (W) | Click here to enter text. |
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| Email | Click here to enter text. |

**SUMMARY OF COMPETENCY RANGE, LEVEL AND EVIDENCE FROM THE WORKPLACE
(BY PUBLIC HEALTH TRAINING ACTIVITIES OR PROJECTS)**

(Delete and add columns and projects as necessary)

**PROJECT 1**

|  |  |
| --- | --- |
| **Title:** | Click here to enter text. |
| **Principle products:** | Click here to enter text. |

| **Competency** | **Level of competency (0 to 2)** Formative assessment: Elements of competence for each learning objective / competency outlined in curriculum.1 = fundamental understanding concepts and facts2 = effective application under supervision | **Evidence from the workplace**indicate pieces of work intended for summative assessment. | **When highest level achieved**Indicate the date of completion for each for each learning objective / competency . |
| --- | --- | --- | --- |
| **Trainee assessment** | **Supervisor assessment**Supervisor must assess the LCR and mark the level of competency achieved. If mark is different from trainee assessment, detail why. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**PROJECT 2**

|  |  |
| --- | --- |
| **Title:** | Click here to enter text. |
| **Principle products:** | Click here to enter text. |

| **Competency** | **Level of competency (0 to 2)** Formative assessment: Elements of competence for each learning objective / competency outlined in curriculum.1 = fundamental understanding concepts and facts2 = effective application under supervision | **Evidence from the workplace**indicate pieces of work intended for summative assessment. | **When highest level achieved**Indicate the date of completion for each for each learning objective / competency. |
| --- | --- | --- | --- |
| **Trainee assessment** | **Supervisor assessment**Supervisor must assess the LCR and mark the level of competency achieved. If mark is different from trainee assessment, detail why. |
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**PROJECT 3**

|  |  |
| --- | --- |
| **Title:** | Click here to enter text. |
| **Principle products:** | Click here to enter text. |

| **Competency** | **Level of competency (0 to 2)** Formative assessment: Elements of competence for each learning objective / competency outlined in curriculum.1 = fundamental understanding concepts and facts2 = effective application under supervision | **Evidence from the workplace**indicate pieces of work intended for summative assessment. | **When highest level achieved**Indicate the date of completion for each for each learning objective / competency . |
| --- | --- | --- | --- |
| **Trainee assessment** | **Supervisor assessment**Supervisor must assess the LCR and mark the level of competency achieved. If mark is different from trainee assessment, detail why. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**ASSOCIATED ROLES AND OTHER TRAINING**

| **Competency** | **Level of competency (0 to 2)** Formative assessment: Elements of competence for each learning objective / competency outlined in curriculum.1 = fundamental understanding concepts and facts2 = effective application under supervision | **Evidence from the workplace**indicate pieces of work intended for summative assessment. | **When highest level achieved**Indicate the date of completion for each for each learning objective / competency . |
| --- | --- | --- | --- |
| **Trainee assessment** | **Supervisor assessment**Supervisor must assess the LCR and mark the level of competency achieved. If mark is different from trainee assessment, detail why. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**TEaching and learning requirements and assessments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching and Learning Requirements in the last 12-month period** | **Date(s) of attendance** | **Date(s) submitted to Faculty** | **Dates of formal communication with mentor** |
| At least 1 Learning Contract | **n/a** | Click here to enter text. | **n/a** |
| At least 1 Learning Contract Report for each Learning Contract | **n/a** | Click here to enter text. | **n/a** |
| Attendance at Annual Training Days (recommended, not compulsory) | Click here to enter text. | **n/a** | **n/a** |
| Attendance at AFPHM Videoconferences (recommended, not compulsory) | Click here to enter text. | **n/a** | **n/a** |
| A mentor who is a Fellow of the AFPHM | **n/a** | **n/a** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Formative assessments Requirements**  | **Date completed** | **Date submitted to Faculty** |
| Direct Observation of Procedural Skills | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summative assessments Requirements**  | **Date completed** | **Date submitted to Faculty** | **Outcome (if known)** |
| Oral Presentation Assessment | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Workplace Report | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Final Oral Exam | Click here to enter text. | **n/a** | Click here to enter text. |

**SUMMARY OF COMPETENCE LEVEL DEVELOPMENT BY PUBLIC HEALTH TRAINING ACTIVITIES/PROJECTS**

|  |
| --- |
| **1.1 Professional Development and self-management** |
| **Project/activity during THIS position** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |
|  |  |  |  |  |  |  |  |  |  |  |
| **1.2 Communication, leadership and teamwork** |
| **Project/activity during THIS position** | 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 | 1.2.6 | 1.2.7 | 1.2.8 | 1.2.9 | 1.2.10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 | 1.2.6 | 1.2.7 | 1.2.8 | 1.2.9 | 1.2.10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2.1 Universal cultural** | **2.2 Aboriginal and Torres Strait Islander** | **2.3 Ethnic minority health** |
| **Project/activity during THIS position** | 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 | 2.1.5 | 2.1.6 | 2.1.7 | 2.2.1 | 2.2.2 | 2.2.3 | 2.3.1 | 2.3.2 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 | 2.1.5 | 2.1.6 | 2.1.7 | 2.2.1 | 2.2.2 | 2.2.3 | 2.3.1 | 2.3.2 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

|  |
| --- |
| **3.1 Public health information and critical appraisal** |
| **Project/activity during THIS position** | 3.1.1 | 3.1.2 | 3.1.3 | 3.1.4 | 3.1.5 | 3.1.6 | 3.1.7 | 3.1.8 | 3.1.9 | 3.1.10 | 3.1.11 | 3.1.12 | 3.1.13 | 3.1.14 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 3.1.1 | 3.1.2 | 3.1.3 | 3.1.4 | 3.1.5 | 3.1.6 | 3.1.7 | 3.1.8 | 3.1.9 | 3.1.10 | 3.1.11 | 3.1.12 | 3.1.13 | 3.1.14 |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

|  |  |  |
| --- | --- | --- |
|  | **3.2 Public health research and teaching** | **3.3 Healthcare and public health program evaluation** |
| **Project/activity during THIS position** | 3.2.1 | 3.2.2 | 3.2.3 | 3.2.4 | 3.2.5 | 3.2.6 | 3.2.7 | 3.2.8 | 3.2.9 | 3.2.10 | 3.3.1 | 3.3.2 | 3.3.3 | 3.3.4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 3.2.1 | 3.2.2 | 3.2.3 | 3.2.4 | 3.2.5 | 3.2.6 | 3.2.7 | 3.2.8 | 3.2.9 | 3.2.10 | 3.3.1 | 3.3.2 | 3.3.3 | 3.3.4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** | **1** | **2** | **1** | **1** | **1** |

|  |  |  |
| --- | --- | --- |
|  | **4.1 Policy analysis, development and planning** | **5.1 Health promotion and community development** |
| **Project/activity during THIS position** | 4.1.1 | 4.1.2 | 4.1.3 | 4.1.4 | 4.1.5 | 4.1.6 | 4.1.7 | 4.1.8 | 4.1.9 | 5.1.1 | 5.1.2 | 5.1.3 | 5.1.4 | 5.1.5 | 5.1.6 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 4.1.1 | 4.1.2 | 4.1.3 | 4.1.4 | 4.1.5 | 4.1.6 | 4.1.7 | 4.1.8 | 4.1.9 | 5.1.1 | 5.1.2 | 5.1.3 | 5.1.4 | 5.1.5 | 5.1.6 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **2** | **2** | **2** | **2** | **1** | **1** |

|  |  |  |
| --- | --- | --- |
|  | **5.2 Health protection and risk management**  | **5.3 Infectious diseases prevention and control**  |
| **Project/activity during THIS position** | 5.2.1 | 5.2.2 | 5.2.3 | 5.2.4 | 5.2.5 | 5.2.6 | 5.2.7 | 5.2.8 | 5.2.9 | 5.2.10 | 5.2.11 | 5.3.1 | 5.3.2 | 5.3.3 | 5.3.4 | 5.3.5 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 5.2.1 | 5.2.2 | 5.2.3 | 5.2.4 | 5.2.5 | 5.2.6 | 5.2.7 | 5.2.8 | 5.2.9 | 5.2.10 | 5.2.11 | 5.3.1 | 5.3.2 | 5.3.3 | 5.3.4 | 5.3.5 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** | **2** | **2** | **2** | **1** | **1** |

|  |  |  |
| --- | --- | --- |
|  | **5.4 Chronic disease, mental illness and injury prevention** | **6.1 Health sector advocacy** |
| **Project/activity during THIS position** | 5.4.1 | 5.4.2 | 5.4.3 | 5.4.4 | 5.4.5 | 5.4.6 | 6.1.1 | 6.1.2 | 6.1.3 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 5.4.1 | 5.4.2 | 5.4.3 | 5.4.4 | 5.4.5 | 5.4.6 | 6.1.1 | 6.1.2 | 6.1.3 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** |

|  |  |  |
| --- | --- | --- |
|  | **6.2 Health sector development and operation** | **6.3 Organisational management** |
| **Project/activity during THIS position** | 6.2.1 | 6.2.2 | 6.2.3 | 6.2.4 | 6.2.5 | 6.2.6 | 6.2.7 | 6.2.8 | 6.2.9 | 6.3.1 | 6.3.2 | 6.3.3 | 6.3.4 | 6.3.5 | 6.3.6 | 6.3.7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Project/activity from PREVIOUS position(s)** | 6.2.1 | 6.2.2 | 6.2.3 | 6.2.4 | 6.2.5 | 6.2.6 | 6.2.7 | 6.2.8 | 6.2.9 | 6.3.1 | 6.3.2 | 6.3.3 | 6.3.4 | 6.3.5 | 6.3.6 | 6.3.7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **2** | **1** | **1** | **1** | **1** | **1** | **1** |

**LEARNING CONTRACT REPORT CERTIFICATION**

We agree that this document represents a complete and accurate record of the activities, projects and competencies that the trainee has worked across and the level specified, in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract. We agree this document represents a complete and accurate record of teaching and learning requirements and assessments completed during this period of training.

 **SUPERVISOR(S) COMMENTS**

|  |  |
| --- | --- |
| **Supervisor 1 full name:** | Click here to enter text. |
|[ ]  I have discussed the trainee’s progress with other supervisors (if applicable) |
|[ ]  I have discussed this report with the trainee and make the following comments: |

|  |
| --- |
| **Each section must be completed for this LCR to be considered eligible for certification:** |
| 1. Reflection of the learning within the workplace, areas in which the trainee is developing competence related to this period of work Click here to enter text.
 |
| 1. Challenges faced, experience of navigating barriers and dealing with unexpected circumstances

 Click here to enter text.  |
| 1. Relationship with colleagues and staff

 Click here to enter text.  |
| Other comments Click here to enter text.  |

|  |  |
| --- | --- |
| **Supervisor’s signature** | Click here to enter text.**Date** |

|  |  |
| --- | --- |
| **Supervisor 2 / co-supervisor full name:**(if applicable) | Click here to enter text. |
|  |  |
|[ ]  I have discussed the trainee’s progress with other supervisors (if applicable) |
|[ ]  I have discussed this report with the trainee and make the following comments: |

|  |
| --- |
| **Each section must be completed for this LCR to be considered eligible for certification:** |
| 1. Reflection of the learning within the workplace, areas in which the trainee is developing competence related to this period of work Click here to enter text.
 |
| 1. Challenges faced, experience of navigating barriers and dealing with unexpected circumstances

 Click here to enter text.  |
| 1. Relationship with colleagues and staff

 Click here to enter text.  |
| Other comments Click here to enter text.  |

|  |  |
| --- | --- |
| **Supervisor’s signature** | Click here to enter text.**Date** |

 **MENTOR’S COMMENTS**

|  |  |
| --- | --- |
| **Mentor’s full name:** | Click here to enter text. |

|  |
| --- |
|[ ]  I agree that I have met with the trainee to discuss their progression through the AFPHM training program and matters relating to career development in general over the period of this learning contract. |

|  |
| --- |
| **This section must be completed for this LCR to be considered eligible for certification:** |
| Click here to enter text. |

|  |  |
| --- | --- |
|  | Click here to enter text. |
| **Mentor’s signature** | **Date** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for acting as supervisor(s) and mentor for this trainee and completing this report.**

### TRAINEE’S REFLECTION

|  |
| --- |
|[ ]  I understand my obligation to complete the training requirements outlined in the [Public Health Medicine Advanced Training Program handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine). |
|[ ]  I have familiarised myself with my obligations as documented in the [Progression Through Training and Flexible Training policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies). |
|[ ]  I have discussed this assessment with my supervisor and mentor and make the following comments: |
|  |  |
| **This section must be completed for this LCR to be considered eligible for certification:** |
| Personal reflection of the learning within the workplace**,** developing competence (reflecting on range of competencies worked across to various degrees of depth),challenges faced, experience of navigating barriersanddealing with unexpected circumstances**,** relationship with colleagues and staffand other.Click here to enter text. |

|  |  |
| --- | --- |
|  | Click here to enter text. |
| **Trainee’s signature** | **Date** |