**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.The College may discuss the contents of the LCR with subsequent supervisors and mentors, where this is deemed necessary for support or assessment purposes.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](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) [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).We strongly recommend that you contact the Public Health Medicine Learning Advisor when completing your first Learning Contract Report for guidance. Please contact Jen Desrosiers at jennifer.desrosiers@racp.edu.au |
| **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, unless notified. This is a programme requirement. |
| **Privacy legislation** |
| The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. This policy applies to all personal information collected, stored, used and disclosed by the College.Personal and training related information that you provide will only be used by the College(including its boards and training committees, state/regional committees and supervisors of training) to administer, assess and develop the training program and monitor workforce |

|  |
| --- |
| trends. Confirmation of training status will be provided to Medical Boards upon request. See our [Privacy Policy](https://www.racp.edu.au/home/privacy/policy). |
| **Enquiries and submission** |
| Education, Learning and AssessmentThe Royal Australasian College of Physicians 145 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:** |  |  |  |
|  |  |  |  |
| **Report covers period** |  |  | **To** |
|  |  |  |  |
| **Number of units completed in this placement** |  |  | **Full-time Equivalent (FTE)** |
|  |  |  |  |
| **Training position** |  |  |  |
|  |  |  |  |
| **Organisation’s name** |  |  |  |
|  |  |  |  |
| **Year of Advanced Training** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 from from

to to to

Total amount of leave (excluding maternity/paternity) Total amount of maternity/paternity leave

|  |
| --- |
| Click here to enter a date. |
| Click here to enter a date. |
| Click here to enter a date. |

|  |
| --- |
| Click here to enter a date. |
| Click here to enter a date. |
| Click here to enter a date. |

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
|  |
| Click here to enter text.weeks |
| Click here to enter text.weeks |

**NOTE**: There are limits on the type of work that count towards time-based training – please see the *Time- based requirements* section of the *Training requirements* page on the Faculty web page: [https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) [medicine](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine))

**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. |
|  |  |  |  |
| 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.0 = competency not achieved1 = fundamental understanding concepts and facts2 = effective application under supervision | **Evidence from the workplace**Indicate activities taken that led to achieving this competency. i.e., Written reports, published articles or specific activities undertaken in the workplace. |
| **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. |

**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 activities taken that led to achieving this competency. i.e., Written reports, published articles or specific activities undertaken in the workplace. |
| **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 entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**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 activities taken that led to achieving this competency. i.e., Written reports, published articles or specific activities undertaken in the workplace. |
| **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 entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | 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 activities taken that led to achieving this competency. i.e., Written reports, published articles or specific activities undertaken in the workplace. |
| **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 entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to entertext. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**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, at least 1 per 3 year period(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** |
| Oral Presentation Assessment | Click here to enter text. | Click here to enter text. |
| 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** | **2.3 Aboriginal and Torres Strait Islander** | **2.4 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 | 2.3.1 | 2.3.2 | 2.3.3 | 2.4.1 | 2.4.2 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 | 2.3.1 | 2.3.2 | 2.3.3 | 2.4.1 | 2.4.2 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 workClick here to enter text. |
| 2. Challenges faced, experience of navigating barriers and dealing with unexpected circumstancesClick here to enter text. |
| 3. Relationship with colleagues and staff Click here to enter text. |
| 4. Trainee’s Strengths |
| 5. Indicate any areas for further development. |
| 6. Are you satisfied with the overall performance of the trainee during the period covered by this report? If concerns have been identified, contact your Regional Education Coordinator. |
| Other commentsClick here to enter text. |

****

|  |  |
| --- | --- |
| **Supervisor’s signature** | Click here to enter a date.**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 workClick here to enter text. |
| 2. Challenges faced, experience of navigating barriers and dealing with unexpected circumstancesClick here to enter text. |
| 3. Relationship with colleagues and staff Click here to enter text. |
| 4. Trainees Strengths |
| 5. Indicate any areas for further development and if liaison with the REC or Support Unit is required. |
| 6. Are you satisfied with the overall performance of the trainee during the period covered by this report? If concerns have been identified, contact your Regional Education Coordinator. |
| Other commentsClick here to enter text. |

****

|  |  |
| --- | --- |
| **Supervisor’s signature** | Click here to enter a date.**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 theAFPHM 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 a date. |
| **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](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) [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 barriers and dealing with unexpected circumstances**,** relationship with colleagues and staff. Any areas of development.Click here to enter text. |

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