|  |  |  |
| --- | --- | --- |
| RACP2016_CMYK_withtag_OL | Supplementary Supervisor Comments |  |
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| It is recommended that each supervisor complete separate supervisor report forms. If this is not possible, and the amount of supervisors cannot all be included on the specialty report, please include additional supervisor information and comments on this Report.Please ensure you have saved a copy for your records and email an electronically saved or clearly scanned copy with your full report to the specialty outlined on your full report. Please CC in your nominated supervisors for their records. |
| **TRAINEE DETAILS AND TRAINING POSITION** |
|

|  |  |
| --- | --- |
| Full Name of Trainee |       |
|  |
| Report covers period | From |       | To |       |
| ***Training will not be certified without a Supervisor’s Report covering the entire period of supervision.*** | *Date (dd/mm/yy)* |  | *Date (dd/mm/yy)* |
|  |
| Training position |       |
|  |

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| **ADDITIONAL SUPERVISOR DETAILS AND COMMENTS** |
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|  |  |
| --- | --- |
| Full Name of Supervisor |       |
|  |  |
| E-mail |       |
| Have you sighted this trainee’s supervisor’s reports for previous training periods? |       |

*(Trainees are required to show previous supervisors’ reports to current supervisors in order to assist both trainees and supervisors with the development of relevant learning plans for the following period of training.)*

|  |  |
| --- | --- |
|  [ ]  | I have discussed the Trainee’s progress with other supervisors (if applicable) |
|  [ ]  | I have discussed and completed this assessment with the Trainee on *date*       and make the following comments: |
|       |
| Supervisor’s Signature:***Australian trainees*** *- Signature not required where trainee will be including the supervisor/s in the email submission to the college.* |       | Date: |       |

|  |  |
| --- | --- |
| Full Name of Supervisor |       |
|  |  |
| E-mail |       |
| Have you sighted this trainee’s supervisor’s reports for previous training periods? |       |

*(Trainees are required to show previous supervisors’ reports to current supervisors in order to assist both trainees and supervisors with the development of relevant learning plans for the following period of training.)*

|  |  |
| --- | --- |
|  [ ]  | I have discussed the Trainee’s progress with other supervisors (if applicable) |
|  [ ]  | I have discussed and completed this assessment with the Trainee on *date*       and make the following comments: |
|       |
| Supervisor’s Signature:***Australian trainees*** *- Signature not required where trainee will be including the supervisor/s in the email submission to the college.* |       | Date: |       |

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| **ADDITIONAL TRAINEE DECLARATION AND COMMENTS** |
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|  |  |
| --- | --- |
| **[ ]**  | The supervisor completing this Supervisor’s Report is the supervisor nominated on my registration of Advanced Training. |
| **[ ]**  | I have discussed this assessment with my Supervisor (s) list here and my full report and make the following comments: |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that the information/comments supplied by my supervisor/s have been included in this report and any amendments have been done with permission from my supervisor/s. | **[ ]**  | Date: |       |

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*Trainees are advised to retain a copy of the completed form their records*