

(TO BE COMPLETED WITH THE TRAINEE WITHIN THE FIRST 30 DAYS OF EACH POSTING)

HOSPITAL POSTING: _____ Dept: _____

Date started: From _____ To _____

Brief description of duties in the Department.

Regular meetings (if any) [state frequency e.g. daily/weekly]

Learning points in the posting:

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Trainee

Signature of Trainee & Date

I have reviewed the knowledge base and skills (Annex A2) relevant to my department with the trainee.

Certified by:

Name of Supervisor: _____ Designation: _____

Signature: _____ Date: _____

Please make copies of this form to be filled up for each posting

