**Application to be recognised as an Educational Supervisor at Southport & Ormskirk NHS Trust**

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| --- | --- |
| **Name:** | **GMC No:** |
| **Current post/ role:** | |
| **Date appointed to the trust:** | **Appraisal Birthday:** |
| **Appraiser:** | **Date of last Appraisal:** |
| **Formal qualifications (in education) and/or AoME Course, Provider and date:** | |

***Training undertaken in preparation for the role*:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***AoME***  ***Framework***  ***Area*** | ***CPD*** | ***Provider/ How Training undertaken (f2f/ online course/ reading appropriate documents)*** | ***Date undertaken*** |
| **Ensuring safe and effective patient care through training**  *(Area 1)* | **Equality & Diversity** |  |  |
| **GMC Standards/ maintaining quality standards** |  |  |
| **Role Modelling / mentoring/ coaching** |  |  |
| **Establishing**  **and maintaining**  **an**  **environment for learning**  *(Area 2)* | **Workplace-based clinical skills teaching:**   * **Adult Learning principles & different learning styles** * **Teaching methods & techniques** * **Evaluation of teaching** |  |  |
| **Teaching and facilitating learning**  *(Area 3)* | **Giving effective Feedback** |  |  |
| **Reflective Practice** |  |  |
| **Working with Portfolios** |  |  |
| **Undertaking Workplace Based Assessments (WPBAs)** |  |  |
| **Enhancing learning through assessment**  *(Area 4)* | **Assessing Learning Needs/**  **Learning Agreements** |  |  |
| **Assessment and Appraisal** |  |  |
| **Specialty Curriculum/ Training Programme** |  |  |
| **Supporting and monitoring educational progress**  *(Area 5)* | **Principles of ARCP/ ARCP Process** |  |  |
| **Guiding personal & professional development**  *(Area 6)* | **Managing underperformance/ Doctors in Difficulty** |  |  |
| **Continuing professional development as an Educator**  *(Area 7)* | **Other:** |  |  |

**I have received, read and understood the HENW guidance for Educational Supervisors**

**Signed: Date:**

**Name:**

***To be completed by Department for Medical Education***

Application approved: Y / N

Date of approval:

Signed: Date:

Name: GMC No:

If application is not approved, please attach feedback given to Trainer on requirements to achieve approval