**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*:**

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| --- | --- | --- | --- |
| ***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**
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| **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