

TRAINING PLAN

Trainee: Training Supervisor:

Year of Training: Placement: Period:

I. Initial Review

Date:

LEARNING OBJECTIVES	
Knowledge:	
1.	
2.	
3.	
Technical Skills:	
1.	
2.	
3.	
Audit / Research:	
1.	
2.	
3.	
ACTION PLAN	
Knowledge:	
Technical Skills:	
Audit / Research:	

II. Interim Review

Date:

Learning Objectives achieved:
Action Plan Progress:

III. Final Review

Date:

Learning Objectives achieved:	
Action Plan completed:	
TRAINER'S OVERALL COMMENTS	
Overall performance:	
Overall achievements:	
Any unresolved issue:	
Strength of trainee:	
Areas for improvement:	
Recommendation for future rotation:	
TRAINEE'S OVERALL COMMENTS	
Learning objective achievement:	
Areas for improvement (training centre):	
Request for future rotation:	
SIGN OFF	
Trainee:	Trainer: