**Appendix 3: Non CESR related experiential learning to achieve competency**

1) Please indicate who has provided advice on how and where to achieve this competency e.g. college advisor, deanery, Training programme director (please attach any relevant correspondence in this regard)

2) Please list or attach the usual specialty training requirements (e.g. duration, number and nature) in respect of the particular competency you wish to acquire –see GMC website for your specialty (please do not attach the whole document just the extract relevant to this competency)

3) Please detail your placement(s):

|  |  |  |
| --- | --- | --- |
| Site | Department | Dates |
|  |  |  |
| Site | Department | Dates |
|  |  |  |
| Site | Department | Dates |
|  |  |  |

4) How will your planned placement(s) deliver the above specialty equivalent training?

5) Who will supervise you during your placement (s)?

Name Role

6) How will your attainment of the relevant competencies be assessed and recorded? e.g. what portfolio or portfolio copy will you have access to during this time?

7) How will acquiring this competency benefit your clinical service and the patients you care for?

8) Have you discussed this additional service to be provided with your clinical lead / director?