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|  | **Notification of trainee progression****Supervisor’s Assessment** **(At annual or mid-point review)** |

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| Trainee’s Name: |  |
| National Training Number (if known) |  |
| Training programme |  | Centre: |  |
| Date training commenced |  | Anticipated completion date |  |
| Supervisor reporting |  | Date of this report |  |

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| So far, are you satisfied with the trainee’s overall progress for this reporting period? | Y / N |

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| --- | --- |
| Have there been periods of out of programme during this reporting phase for this trainee? | Y / N |

|  |  |
| --- | --- |
| Do you anticipate periods of out of programme in the next phase for this trainee? | Y / N |

|  |  |
| --- | --- |
| Are you confident that the trainee will complete the programme as planned? | Y / N |

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| --- |
| General comment on overall progress / qualification of above responses. |