## **Appendix J**

## Research Session Feedback Form Higher Trainees

To be completed electronically by the Research Supervisor. The Research Supervisor should send the complete document to the Trainee by email with a copy sent to the Trainee's Educational Supervisor. This should then be saved as 'Research Session Feedback (DD/MM/YYY)' in the 'Supervision' folder of Trainee's ePortfolio.

The purpose of this report is to inform the regular reviews of progress which are conducted through Training. The report should reflect your experience of the Trainee's performance during their clinical placement and progress made towards their objectives for their current year level. The Educational Supervisor will use this report along with WPBAs and other evidence in the ePortfolio to assess progress towards the objectives recorded in the Trainee's PDP and for the Annual Structured Report used for the Trainee's ARCP.

	Mid 🗌 End 🗌	Placement Review
Trainee Name:		Year of Training:
Research Superviso	r:	<u> </u>
Period Covered:	From:	То:
		•
Title of Research Pro	ject:	
Learning Objectives /	Role of the Trainee in th	ne Project:
Start date of Trainee i	involvement with the Pro	oject:
Number of Sessions	per Week:	
	Report Fo	orm Supervisor
The second of second second	line the role the Trainee ha	as in the Project and progress made since the last
report.		
•		

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Form Completed by (Research Supervisor):

**Date Form Completed:**