## COVID 19 Training Disruption Notification Form

It is appreciated that trainees may have experienced an alteration to their clinical experience due to COVID 19 and that future educational plans will need to take these changes into account. This form is to record how your training activity has been affected and will be reviewed at ARCP by the panel.

### Trainee details:

|  |  |
| --- | --- |
| Full name: |  |
| Specialty: |  |
| GDC Number: |  |
| Grade: |  |
| email address: |  |

### Educational Supervisor details:

|  |  |
| --- | --- |
| Educational Supervisor name: |  |
| Educational Supervisor email address: |  |

**Reason for disruption to training:**

Please select from the following options:

|  |  |
| --- | --- |
| **Category** | **Tick any that apply** |
| 1. Cancellation of teaching sessions |  |
| 1. Cancellation of examinations |  |
| 1. Return from Research activity (ACF/ACL/OOPR) |  |
| 1. Sick leave |  |
| 1. Self-isolation |  |
| 1. Carers leave |  |
| **Expected Duration** |  |
| Please provide details of the disruption: |  |
|  | |

**Any other relevant information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Timetable** | **Dates:** | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

Duplicate this table as necessary

**Please reflect on any activity carried out while redeployed, either within or outside dentistry, and how this could contribute to your training:**

|  |
| --- |
|  |

**Please give details of any activity (COVID or non-COVID related) that you have undertaken due to alterations to your normal timetable, e.g. management/leadership projects, QI/audit, teaching, research etc:**

|  |
| --- |
|  |

**Please upload the completed form to the ‘Other Evidence’ section of your ePortfolio**