**National Urology ST3**

**Audit** **/quality improvement project supervisor form**

***Guidance:***

*This form is designed for use as part of the Urology ST3 National Selection process to enable applicants to provide substantiated evidence of the audits/quality improvement projects they have conducted.*

*Applicants are required to have a completed this form for every Audit/quality improvement project they wish to be scored as part of the self-assessment / Portfolio station.*

*Thank you for your help in completing this form.*

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**Declaration by supervisor**

I certify that       was the primary auditor (ie initiated, designed and completed) of an

audit/quality improvement project (QIP) entitled

The audit/QIP was completed in  (month and year)

Supervisor to complete the appropriate box below indicating whether this was a single cycle audit or closed loop audit/2 cycle audit/QIP

|  |  |
| --- | --- |
| **This was a single cycle audit** | **This was a closed loop / 2 cycle audit/ quality improvement project** |
| Supervisor name:      Supervisor GMC no:      Supervisor hospital:      Supervisor Signature: Date:  | Supervisor name:      Supervisor GMC no:      Supervisor hospital:      Supervisor Signature: Date:  |