**National Urology ST3**

**Audit** **/quality improvement project supervisor form (V3)**

***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 form for every Audit/quality improvement project they wish to be scored as part of the self-assessment / Portfolio station.*

*Only this version of the Audit Supervisor Form (National\_urology\_st3\_audit\_supervisor\_form\_ V3) will be accepted for the 2026 round of applications opening in November 2025, and in subsequent years (or until otherwise stated).*

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

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**Declaration by supervisor (All information to be completed by supervisor)**

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| Applicant Name |  |
| Title of project |  |
| The audit/QIP was completed in (mm.yyyy) |  |
| Involvement (tick all that apply) | Selection of topic  Audit design  Collection of data  Data analysis  Presentation  Implementation of changes |
| Confirmation of whether a single cycle audit or closed loop audit/2 cycle audit/QIP (Select one) | 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 of signing the form: |  |