# RECORD OF OUT OF HOURS SESSION

*Photocopy for each session attended*

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| **Type of session (e.g. base doctor (including walk-in centre), visiting doctor,**  **telephone triage, minor injuries centre)** |
| **Date of session**                 **Time of session and length (hours)** |
| **Type of cases seen and significant events:** |
| Competencies demonstrated: |
| Learning areas and needs identified: |
| **Debriefing notes from Clinical Supervisor:** |
| **Signature of Clinical Supervisor**                     . **Date**           . |