**Letter from Primary Training Supervisor** *(Template)*

Dear Training and Credentials Committee,

Re:

|  |  |
| --- | --- |
| Candidate’s Name: |  |
| Subject Name: |  |
| Training Commencement Date: |  |
| My Name and Qualifications: |  |
| My Title or Role Descriptor: |  |
| Training Facility Name: |  |
| Training Facility Address: |  |

This letter is to certify that I have agreed to the role of Primary Supervisor for the above-mentioned candidate for the Fellowship training program in the above subject, commencing on the above date.

The above-mentioned resident will be:

* active in training for at least \_\_\_\_\_\_\_\_hours per week, and
* will interact directly with me for approximately *\_\_\_\_\_\_\_\_\_*hours per week.

I agree to take overall responsibility of the candidate’s training and mentorship as required, including times when the secondary supervisor is providing the required 25 hours per week of directly supervised training for periods of more than one week in my absence.

I am also the primary supervisor for *insert number (no more than 1 other)* \_\_\_\_\_\_\_other resident and the secondary supervisor for *insert number (up to 4)* \_\_\_\_\_\_\_residents in any training program. I am supervisor for *insert number* \_\_\_\_\_\_European college and /or American college candidate/s and/or *insert number* \_\_\_\_\_\_of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned resident’s training program.

Yours sincerely,

Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**This section to be signed and dated by both the Primary Supervisor and the Candidate**

**AGREEMENT**:

This is an agreement between the candidate and the primary supervisor that a meeting will be held annually to evaluate the progress of the candidate. The meeting will include both the primary and secondary supervisors as well as the candidate and will lead to production of a written Annual Supervisor Report for the candidate. The report will be completed and submitted to the College prior to 31 July each year throughout the candidate’s training program.

**Candidate’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_

**Primary Supervisor’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: *\_\_\_\_\_\_\_\_\_\_\_\_*

**Letter from Secondary Training Supervisor** *(Template)*

Dear Training and Credentials Committee,

Re:

|  |  |
| --- | --- |
| Candidate’s Name: |  |
| Subject Name: |  |
| Training Commencement Date: |  |
| My Name and Qualifications: |  |
| My Title or Role Descriptor: |  |
| Training Facility Name: |  |
| Training Facility Address: |  |

This letter is to certify that I have agreed to the role of Secondary Supervisor for the above-mentioned candidate for the Fellowship training program in the above subject, commencing on the above date.

In this role, I will support the primary supervisor in guidance and training of the candidate as agreed and as specified in the Fellowship Candidate Handbook, including the following:  The above-mentioned resident will be:

* Active and in training for at least \_\_\_\_\_\_\_\_ hours per week, and
* Will interact directly with me for approximately \_\_\_\_\_\_\_\_\_ hours per week.

In the event that the Primary Supervisor is absent for periods of more than one week, the above-mentioned resident will be:

* active in training for at least \_\_\_\_\_\_\_\_hours per week
* and will interact directly with me for approximately *\_\_\_\_\_\_\_\_\_* hours per week.

I am also the primary supervisor for *insert number (no more than 2)*   \_\_\_\_\_\_\_other resident and the secondary supervisor for *insert number (up to 3)*   \_\_\_\_\_\_\_residents in any training program.  I am supervisor for *insert number*   \_\_\_\_\_\_European college and /or American college candidate/s and/or *insert number*   \_\_\_\_\_\_of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned resident’s training program.

Yours sincerely,

Supervisor’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_

**This section to be signed and dated by both the Secondary Supervisor and the Candidate**

**AGREEMENT:**

This is an agreement between the candidate and the secondary supervisor that a meeting will be held annually to evaluate the progress of the candidate. The meeting will include both the primary and secondary supervisors as well as the candidate and will lead to production of a written Annual Supervisor Report for the candidate. The report will be completed and submitted to the College prior to 31 July each year throughout the candidate’s training program.

**Candidate’s signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:  \_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Supervisor’s signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:  \_\_\_\_\_\_\_\_\_\_\_\_