Foundation training progress report

**This progress report form should be completed by the designated supervisor, and then passed to the trainee to comment. Both the trainee and their supervisor may want keep a copy for their records, and if the report is marked as unsatisfactory, the trainee must send a PDF copy to** [prereg@pharmacyregulation.org](mailto:prereg@pharmacyregulation.org)**.**

## Training details

* 1. **This form is being completed at: (please select one)**

Week 13  Week 26

|  |  |  |
| --- | --- | --- |
| 1.2 | Trainee name |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.3 | Foundation training number | 4 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1.4 | Designated supervisor name |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.5 | Supervisor’s GPhC number |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1.6 | Name of training programme and address of training site |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.7 | Date of report |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1.8 | Number of weeks since the start of training |  |

## Progress and feedback

* 1. **Please give your reflection on your trainee’s progress to date, including their achievements, any areas identified for development, any concerns and the progress they have made with the interim learning outcomes and registration assessment framework**

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* 1. **Were there any disruptions to the planned training?**

**Yes**  **No**

* 1. **Do you feel that any problems, work-related or personal, have aﬀected your trainee’s performance?**

**Yes**  **No**

**If yes, please give details below, if the trainee is happy for them to be disclosed, and include any support strategies that have been discussed**

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| --- |
|  |

* 1. **Please give the number of days the trainee has been absent since starting foundation training:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Annual leave |  |  |
|  | Sickness |  |  |
|  | Other (please explain) |  | |

## Assessment outcome

* 1. **For this stage in their foundation training year, rate your trainee’s overall performance:**

**Satisfactory**   **Unsatisfactory**

**If the report is marked as satisfactory, make sure each party has a copy for their records.**

**If the report is marked as unsatisfactory, send a PDF copy to** [prereg@pharmacyregulation.org](mailto:prereg@pharmacyregulation.org)**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

## Trainee comments and reflections

* 1. **Please give your reflection on your progress during the training period.**

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* 1. **Please give details of the SMART actions for your next training period.**

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Signed Date  
(trainee)