**Evidence Checklist**

|  |  |
| --- | --- |
| Trainee Name |  |
| Programme (Deanery) |  |
| Expected date of completion  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Item | PHEMNet Tab | Filename | Office |
| 1 | ES recommendation |  |  |  |
| 2 | 2 Structured Training Reports + Records of Educational Supervisor’s Meeting |  |  |  |
| 3 | All WPBAs |  |  |  |
| 4 | Evidence of phase 1a local formative assessment |  |  |  |
| 5 | Curriculum mapping |  |  |  |
| 6 | Log book of exposure  |  |  |  |
| 7 | Evidence of completion of trainee survey |  |  |  |
| 8 | Attendance record at teaching |  |  |  |
| 9 | Summary of sentinel interventions |  |  |  |

If compensatory evidence related to the Covid period is supplied (as detailed in IBTPHEM Guidance Note 5), please indicate below with details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C | Compensatory evidence for the Covid period  |  |  |  |
|  |

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| --- |
| Please give details of how to access your online submission |
|  |

I confirm that the submission of the above items to the IBTPHEM Training Assessment Panel is a true and accurate record of my training during my PHEM training period.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signed |  |
|  |  |  |  |
| Date |  |  |  |