**Supervisor handover form**

Name of trainee:………………………………………………………………………………………..

Name of supervisor:…………………………………………………………………………………..

Current hospital:………………………………………………………………………………………..

Year of training:………………End date of training year………………………………….

Date of completion of training…………………………………………………………………..

**Has the trainee reached all competencies for the year of training they are in?** Y/N

If NO, what is outstanding? ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Has the trainee been involved in any difficult cases which may require ongoing support (complaints, SUI etc)?** Please give details.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**I have enjoyed working with this trainee because:**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Areas the trainee needs to focus on in the coming year:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Any other comments?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………