

Special Skills Year Completion Form

This form should be completed following the Special Skills Year in Stage 2 ICM. An editable Word version is also available via the FICM website. Trainees should store within their paper-based portfolio or scan and upload it to the ePortfolio system.

Name of Trainee _____

ICM NTN _____ ST Year of Training _____ Year within Stage 2 _____

Single ICM CCT Dual CCTs Partner Specialty (if Dual): _____

Dates of SSY: From: (DD/MM/YYYY) _____ To: (DD/MM/YYYY) _____

Full Time LTFT % if LTFT _____

In Programme OOPT Location _____

Absence other than annual/study leave: Yes (if 'Yes' no. of days) _____ No

SSY Module Title

- * Have all Educational Objectives for this module been met? Yes No
- * Have all module competencies been achieved at the appropriate level? Yes No
- * Is there appropriate evidence (WPBA/additional) to support this? Yes No

If the answer to any of the above 3 questions is 'No', please document what is outstanding and what is required to achieve them (additional training may be required):

Any other qualifications achieved/planned as a result of the SSY? Yes No

If yes, please detail:

Have any audits/projects been undertaken? Yes No

Please give detail:

If the answer to all questions marked with an asterisk is "yes" the trainee can be signed of as having successfully completed the Special Skills Module.

	Educational Supervisor	Trainee
Signature		

Name (PRINT) _____

Date (DD/MM/YYYY) _____