

**Laboratory Feedback on the Verification of the
Registration Training Portfolio for the Certificate of Competence**

This form should be completed in full by the training officer and submitted to the IBMS by email to registration@ibms.org within **one week** of the date of verification.

**Verification Details**

|  |  |
| --- | --- |
| Date of Verification:  |       |

**Certificate of Competence Candidate Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | Title: |       |
| Forename(s): |       | IBMS No: |       |
| Email Address: |       | Date of Birth:  |       |

**Candidate Laboratory Details**

|  |  |
| --- | --- |
| Department: |       |
| Hospital: |       |
| NHS Trust: |       |
| Laboratory Address: |       |
|       | Postcode: |       |

## Laboratory Manager Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | Title: |       |
| Forename(s): |       | IBMS No: |       |
| HCPC No: |       | Telephone No: |       |
| Email Address: |       |

## Training Officer Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | Title: |       |
| Forename(s): |       | IBMS No: |       |
| HCPC No: |       | Telephone No: |       |
| Email Address: |       |

**Pre-Verification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor | Terrible |
| Communication with Office | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Communication with Verifier | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Usefulness of Documentation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- |
| Please indicate how this process might be improved:      |

**Day of Verification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | < 1 hour | 1 – 2 hours | 2 – 3 hours | 3 – 5 hours | 5+ hours |
| Length of Assessment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Please provide feedback on the experience

|  |
| --- |
| Did the verifier follow IBMS procedures? Yes [ ]  No [ ] If No please comment below:      |

|  |
| --- |
| Did the verifier put the candidate at ease? Yes [ ]  No [ ] If No please comment below:      |

|  |
| --- |
| Did the verifier ask clear questions? Yes [ ]  No [ ] If No please comment below:      |

|  |
| --- |
| Did the verifier allow sufficient time for answers? Yes [ ]  No [ ] If No please comment below:      |

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| --- |
| Did the verifier provide clear feedback at the end of the process? Yes [ ]  No [ ] If No please comment below:      |

|  |
| --- |
| Did the verifier confirm next steps in the process? Yes [ ]  No [ ] If No please comment below:      |

Please note that issues or concerns raised in relation to the performance of the verifier or verification process should be emailed to registration@ibms.org to allow the Education department to investigate accordingly.

|  |  |
| --- | --- |
| Training officer/laboratory manager’s Name: |       |
| Signature:      | Date:       |

In providing IBMS with the information requested you are consenting to its use as indicated in the IBMS Privacy Notice. Further information can be found on the IBMS website at [www.ibms.org/privacy](http://www.ibms.org/privacy)