**IBMS Clinical Scientist Certificate of Attainment (Experiential Route)**

MENTOR FINAL FEEDBACK FORM

Please complete in full and return via email to the address shown at the bottom of this form when the candidate submits their IBMS Clinical Scientist Certificate of Attainment Experiential Portfolio Mapping Document.

**Candidate Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | DOB |  |

**Mentor’s Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | DOB |  |
| Nationality |  | IBMS No (if applicable) |  |
| Speciality |  | HCPC No (if applicable) |  |
| Email Address |  | Telephone No |  |
| Home Address |  | | |
|  | Postcode |  |

**Laboratory Details:**

|  |  |
| --- | --- |
| Organisation / Trust Name |  |
| Hospital Name |  |
| Hospital Address |  |
| CPA Ref (if applicable) |  |
| Department |  |

If “Poor” is indicated in the tables below please use “Additional Comments” for further explanation as well as other comments you feel are relevant.

**Communication with IBMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Throughout the process |  |  |  |  |
| Usefulness of Documentation |  |  |  |  |
| Additional Comments |  | | | |

**Training Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Support from Employer |  |  |  |  |
| Communication with candidate |  |  |  |  |
| Additional Comments |  | | | |

**Completion of the Portfolio**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Communication with candidate |  |  |  |  |
| Clarity of guidance for completing the portfolio |  |  |  |  |
| Additional Comments |  | | | |

**Mentor Declaration**

|  |  |
| --- | --- |
|  | I can confirm the ongoing suitability of candidate’s conduct, character and health and their understanding of the application of the HCPC standards of conduct, performance and ethics to their professional practice. |
| **Mentor’s Signature:** |  |
| **Date:** |  |