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

MENTOR 3 MONTH MONITORING FEEDBACK FORM

Please complete in full and return via email to the address shown at the bottom of this form 3 months after the candidate has received their Clinical Scientist Portfolio.

**Candidate Details**

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

**Mentor’s Personal Details**

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

**Laboratory Details:**

|  |  |
| --- | --- |
| Organisation / Trust / Health Board Name |  |
| Hospital Name |  |
| Hospital Address |  |
|  |
| UKAS 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 |
| Advice and Guidance |  |  |  |  |
| Usefulness of documentation |  |  |  |  |
| Additional comments |  | | | |

**Training Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Support from employer |  |  |  |  |
| Communication with candidate (has the candidate been engaged with the process?) |  |  |  |  |
| Processes in place to support and enable the candidate to raise concerns about the safety and wellbeing of service users |  |  |  |  |
| Additional comments |  | | | |

**Completion of Portfolio**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Communication with candidate (is the candidate progressing well?) |  |  |  |  |
| Clarity of guidance to completing the portfolio |  |  |  |  |
| Additional comments |  | | | |

Do you expect the candidate to complete on time? YES/NO

If no, please give reasons.

**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:** |  |