CERTIFICATE OF COMPETENCE BY EQUIVALENCE (BIOMEDICAL SCIENTIST) CANDIDATE FINAL FEEDBACK FORM

Please complete in full and return via email to the address shown at the bottom of this form.

|  |  |
| --- | --- |
| Case Reference Number |       |

**Laboratory Details:**

|  |  |
| --- | --- |
| Organisation / Trust/ Health Board Name |       |
| Hospital Name |       |
| Hospital Address |       |
| Department  |       |

**Communication with IBMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| During Assessment Process | [ ]  | [ ]  | [ ]  | [ ]  |
| Usefulness of Documentation | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional Comments |       |

**Training Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Support from Employer | [ ]  | [ ]  | [ ]  | [ ]  |
| Support from Mentor | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional Comments |       |

**Assessment Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Communication with Assessment Panel | [ ]  | [ ]  | [ ]  | [ ]  |
| Feedback provided on portfolio | [ ]  | [ ]  | [ ]  | [ ]  |
| Feedback provided on viva | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional Comments |       |

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