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 |  | | | |

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 <https://www.ibms.org/privacy/>