

**CERTIFICATE OF COMPETENCE BY EQUIVALENCE (BIOMEDICAL SCIENTIST)**

**CANDIDATE MONITORING FEEDBACK FORM**

Please complete in full and return via email to the address shown at the bottom of this form 6 to 9 months after receiving your Registration Equivalence Portfolio.

**Personal Details**

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

**Laboratory Details:**

|  |  |
| --- | --- |
| Organisation/Trust Name/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 |
| Application process |  |  |  |  |
| Usefulness of documentation |  |  |  |  |
| Additional comments |  | | | |

**Training Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Support from employer |  |  |  |  |
| Support from mentor |  |  |  |  |
| Processes in place to support and enable you to raise concerns about the safety and wellbeing of service users |  |  |  |  |
| Additional comments |  | | | |

**Completion of Portfolio**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Compilation of evidence |  |  |  |  |
| Additional comments |  | | | |

Are you experiencing any problems with the compilation of evidence? YES/NO

Is yes please give details.

Do you expect to complete on time? YES/NO

If no, please give reasons.

Candidate signature:

Date: