

**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: