

**Laboratory Feedback on the Verification of the   
Registration Training Portfolio for the Certificate of Competence**

This form should be completed in full by the training officer and submitted to the IBMS by email to [registration@ibms.org](mailto:registration@ibms.org) within **one week** of the date of verification.

**Verification Details**

|  |  |
| --- | --- |
| Date of Verification: |  |

**Certificate of Competence Candidate Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title: |  |
| Forename(s): |  | IBMS No: |  |
| Email Address: |  | Date of Birth: |  |

**Candidate Laboratory Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |  | | |
| Hospital: |  | | |
| NHS Trust: |  | | |
| Laboratory Address: |  | | |
|  | Postcode: |  |

## Laboratory Manager Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title: |  |
| Forename(s): |  | IBMS No: |  |
| HCPC No: |  | Telephone No: |  |
| Email Address: |  | | |

## Training Officer Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title: |  |
| Forename(s): |  | IBMS No: |  |
| HCPC No: |  | Telephone No: |  |
| Email Address: |  | | |

**Pre-Verification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor | Terrible |
| Communication with Office |  |  |  |  |  |
| Communication with Verifier |  |  |  |  |  |
| Usefulness of Documentation |  |  |  |  |  |

|  |
| --- |
| Please indicate how this process might be improved: |

**Day of Verification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | < 1 hour | 1 – 2 hours | 2 – 3 hours | 3 – 5 hours | 5+ hours |
| Length of Assessment |  |  |  |  |  |

|  |
| --- |
| Please comment on the performance of the verifier and the overall verification process: |

Please note that issues or concerns raised in relation to the performance of the verifier or verification process should be emailed to [registration@ibms.org](mailto:registration@ibms.org) to allow the Education department to investigate accordingly.

|  |  |  |
| --- | --- | --- |
| Training officer/laboratory manager’s Name: |  | |
| Signature: | | Date: |

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