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

MENTOR FINAL FEEDBACK FORM

Please complete in full and return via email to the address shown at the bottom of this form when the candidate has completed their Registration Equivalence Portfolio.

**Candidate Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | DOB |  |

**Mentor’s Personal Details**

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

**Laboratory Details:**

|  |  |
| --- | --- |
| Organisation/Trust 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 |
| Throughout the process |  |  |  |  |
| Usefulness of documentation |  |  |  |  |
| Additional comments |  | | | |

**Training Environment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Support from employer |  |  |  |  |
| Communication with candidate (is the candidate engaging with the process?) |  |  |  |  |
| Additional comments |  | | | |

**Completion of the Portfolio**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Poor |
| Communication with candidate (did the candidate progress as expected?) |  |  |  |  |
| Clarity of guidance for completing the portfolio |  |  |  |  |
| Additional comments |  | | | |

**Mentor Declaration**

|  |  |
| --- | --- |
|  | I can confirm the ongoing suitability of candidate’s conduct, character and health and their understanding of the application of the HCPC standards of conduct, performance and ethics to their professional practice. |
| **Mentor’s Signature:** |  |
| **Date:** |  |