

Learning Outcome Completion (LOC) Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Specialty Registrar's surname _____

Specialty Registrar's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Assessor Name _____

Assessor Signature _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Unit of Training (Please indicate Learning Outcome and level)	
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Supervised Learning Events (SLEs)	
Type	Date
1.	
2.	
3.	
4.	
5.	

Please add further SLEs at the end of the form

Consultant Feedback	
Has feedback from other consultants helped inform the signoff of this unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments

Please add further SLEs, activities, documents in this section

SLEs	
Type	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	