

## RECORD OF OUT OF HOURS SESSION

*Photocopy for each session attended*

<b>Type of session (e.g. base doctor (including walk-in centre), visiting doctor, telephone triage, minor injuries centre) .....</b>
<b>Date of session..... Time of session and length (hours) .....</b>
<b>Type of cases seen and significant events</b>
<b>Competencies demonstrated</b>
<b>Learning areas and needs identified</b>
<b>Debriefing notes from Clinical Supervisor</b>
<b>Signature of Clinical Supervisor ..... Date .....</b>