**JRCPTB Post-CCT Fellowship Pilot**

**Educational Guide’s Six Month Review Report**

|  |  |
| --- | --- |
| **Name of Educational Guide:** |  |
| **Post title/Designation:** |  |
| **Employer’s address:** |  |
| **Title of Post-CCT Fellowship:** |  |
| **Fellowship start date:**  |  | **Scheduled fellowship completion date:** |  |
| **Name of Post-CCT Fellow:** |  |
| Please describe: |
| 1. **How the Educational Guide and the post-CCT fellow have worked together to develop the fellow’s performance during the first six months and how they both assessed this development against the fellowship’s objectives (continue on next page)**
 |
|  |
| Description 1 continued**How the Educational Guide and the post-CCT fellow have worked together to develop the fellow’s performance during the first six months and how they both assessed this development against the fellowship’s objectives (please append an additional A4 sheet, if required)** |
|  |
| **Title of Post-CCT Fellowship:** |  |
| **Name of Post-CCT Fellow:** |  |
| Please describe: |
| 1. **Objectives of the fellowship that have not been met within the expected timeframe, if any, together with reasons for non-achievement and the action plan agreed with the fellow to help the fellow to fully achieve all the objectives by completion of the fellowship (continue on next page)**
 |
|  |
| Description 2 continued**Objectives of the fellowship that have not been met within the expected timeframe, if any, together with reasons for non-achievement and the action plan agreed with the fellow to help the fellow to fully achieve all the objectives by completion of the fellowship (please append an additional A4 sheet, if required)** |
|  |
| **Signed (Educational Guide):** | **Signed (Post-CCT Fellow):** |
| **Date:** | **Date:** |