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**Annual Supervisor Report on Resident**

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| --- | --- |
| **Training Centre (TC) Name/address** |  |
| **Resident name:** |  |
| **Resident main supervisor:** |  |
| **Secondary supervisors** |  |
| **Dates covered by this report**  **(from….to)** |  |
| **Representing year of residency training (e.g., 1st, 2nd or 3rd)** |  |
| **Dates of Formal (Recorded) Meetings:** |  |

**Please report** on the following details (100-200 words max in each section)

1. Formal training courses
2. Externships
3. Participation in the ECVM residents Journal Club (please mention attendance scores and engagement in activities)
4. Research activities
5. Progress on case log book
6. Publications
7. Other activities
8. **Any issues/deficiencies identified and actions to address these:**

**Resident:**

Name

Signature

Date

**Resident Supervisor:**

Name

Signature

Date