Trainee Name:……………………………………………………………………………..…………………………………..ID:……………………………………………………………

Training Unit: ……………………………………………………………..Training Supervisor: ………………………………………………………………………………

**This is to confirm that I have submitted an Application Form for Level Three Assessment and payment prior to commencing summative assessment. Trainee Initials: ……………….**

**12 Week Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Assessor 1 | Assessor 2 | Average |  |
| Number of criteria assessed at 4 or more (maximum criteria: 28) |  |  |  |  |
| All essential criteria (6) scored 4 or more Yes/No |  |  |  |  |
| At or above MAPS\*  Yes/No |  |  |  |  |

\*MAPS: minimum 21 of 28 criteria scored at ‘4’ or higher, including ALL essential items

Assessor 1 Name ………………………………….................. Assessor 2 Name ………………………………….............................

Assessor 1 signature ………………………………….................. Assessor 2 signature ………………………………….............................

Date ………………………………….................. Date ………………………………….............................

**Mid Trimester Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Assessor 1 | Assessor 2 | Average |  |
| Number of criteria assessed at 4 or more (maximum criteria: 32) |  |  |  |  |
| All essential criteria (6) scored 4 or more Yes/No |  |  |  |  |
| At or above MAPS\*  Yes/No |  |  |  |  |

\*MAPS: minimum 24 of 32 criteria scored at ‘4’ or higher, including ALL essential items

Assessor 1 Name …………………………………................... Assessor 2 Name ………………………………….............................

Assessor 1 signature ………………………………….................. Assessor 2 signature ………………………………….............................

Date ………………………………….................. Date ………………………………….............................

*If any criteria (skills) are not applicable or not observable (for other than ESSENTIAL skills), the MAPS is adjusted proportionately*

**Third Trimester Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Assessor 1 | Assessor 2 | Average |  |
| Number of criteria assessed at 4 or more (maximum criteria: 31) |  |  |  |  |
| All essential criteria (6) scored 4 or more Yes/No |  |  |  |  |
| At or above MAPS  Yes/No |  |  |  |  |

\*MAPS: minimum 23 of 31 criteria scored at ‘4’ or higher, including ALL essential items

Assessor 1 Name …………………………………................... Assessor 2 Name ………………………………….............................

Assessor 1 signature ………………………………….................. Assessor 2 signature ………………………………….............................

Date ………………………………….................. Date ………………………………….............................

**Gynaecological Assessment 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Assessor 1 | Assessor 2 | Average |  |
| Number of criteria assessed at 4 or more (maximum criteria: 25) |  |  |  |  |
| All essential criteria (7) scored 4 or more Yes/No |  |  |  |  |
| At or above MAPS\*  Yes/No |  |  |  |  |

\*MAPS: minimum 18 of 25 criteria scored at ‘4’ or higher, including ALL essential items

Assessor 1 Name …………………………………................... Assessor 2 Name ………………………………….............................

Assessor 1 signature ………………………………….................. Assessor 2 signature ………………………………….............................

Date ………………………………….................. Date ………………………………….............................

**Gynaecological Assessment 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Assessor 1 | Assessor 2 | Average |  |
| Number of criteria assessed at 4 or more  (maximum criteria: 25) |  |  |  |  |
| All essential criteria (7) scored 4 or more Yes/No |  |  |  |  |
| At or above MAPS  Yes/No |  |  |  |  |

\*MAPS: minimum 18 of 25 criteria scored at ‘4’ or higher, including ALL essential items

Assessor 1 Name …………………………………................... Assessor 2 Name ………………………………….............................

Assessor 1 signature ………………………………….................. Assessor 2 signature ………………………………….............................

Date ………………………………….................. Date ………………………………….............................

*If any criteria (skills) are not applicable or not observable (for other than ESSENTIAL skills), the MAPS is adjusted proportionately*

**To achieve a PASS the candidate must Achieve or Achieve Above MAPS required for each of the five (5) assessments, including scores of four (4) or higher for all essential items**.

🞏 Trainee has passed the IHCA Year 3 Clinical Training

🞏 Trainee has not passed the IHCA Year 3 Clinical Training

Training Supervisor Name: …………………………………………………….................................................................................................

Training Supervisor Signature: ……………………………………………………………………………….. Date: ………………………………………………..