

# 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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<b>Supervised Learning Events (SLEs)</b>	
Type	Date
1.	
2.	
3.	
4.	
5.	

Please add further SLEs at the end of the form

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

<b>Comments</b>

**Please add further SLEs, activities, documents in this section**

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