

Personal Learning Log

Foundation doctor

First name:*	
Last name:*	
GMC Number:*	
Training period from:*	
Training period to:*	
Date completed:*	

Details

Title:*	
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Date of learning:*	
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Learning type:*	<input type="radio"/> Core
	<input type="radio"/> Non-core

Learning Setting:*	<input type="radio"/> Seminar/tutorial/small group teaching
	<input type="radio"/> Grand round
	<input type="radio"/> Balint group
	<input type="radio"/> Schwartz round
	<input type="radio"/> Simulation
	<input type="radio"/> E-learning
	<input type="radio"/> Other

*IMPORTANT NOTES:
Do not include
- statutory and mandatory training
- induction sessions
- mandatory life support training*

If Other (please specify)*:

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Number of hours:*	
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Round to the nearest half hour.
Do not include lunch breaks/networking etc.

Notes:

Optional, to record any brief details you haven't already recorded elsewhere.

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Uploads are optional and it is not required to upload evidence of attendance.

Upload additional evidence

Attachment(s)

Details

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