

## Mid-placement Meeting with Academic Supervisor

Date of meeting *	
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### Foundation doctor

Name of Foundation Doctor:	Auto-filled
GMC No	Auto-filled
Training period from	Auto-filled
Training period to	Auto-filled
Local education provider	Auto-filled
Specialty	Auto-filled

This is an optional resource to support the planning and demonstration of academic achievements.

### What progress are you making in achieving the outcomes set out at the initial meeting? Are you on target? \*

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Please indicate if any of the following outcomes have been achieved so far/to date: (and if so, by which date they were achieved. Please provide a comment if necessary.)

#### Publication:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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#### Presentation:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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#### Other:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		
<input type="radio"/>	Not applicable		

Comment	
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### Updated action plan in moving forward:

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### Please record any comments or notes as discussed and agreed during the meeting:

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### Supervisor details

Name	
GMC Number (if applicable)	
Email	

### Signatures

Academic Supervisor signature:	
Date signed by Academic Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	