**ACL Project Progress Meeting**

(to be held twice per year)

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| CL Name |  | Supervisor |  |
| Date of meeting |  | Training Programme Director (TPD) |  |
| Date of ARCP |  | Academic Programme Lead |  |
| Initials of meeting attendees |  | Mentor(s) |  |
| Year of CL program |  | Years left in Program |  |

This form should be completed in advance of your meeting with your supervision team which should include your Project Supervisor (PS), Clinical Lecturer Programme Lead and/or Head of Division.

Once per year, the completed form will be presented to the ARCP panel as evidence of academic progress.

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| ACADEMIC PROGRESS REPORT |
| **Research** - Progress and key areas for Development. Please provide details of supervision and mentor arrangements |
| **Progress towards a Fellowship application**, including detailed timelines & liaison with the Faculty Fellowship Academy |
| **Academic outputs achieved**, including Skills acquired, Courses/conferences attended, Lab visits, Abstracts/presentations, Papers, Grants, Supervision of students, Teaching |
| **Aspects that need attention or improvement**. |
| Clinical Duties |
| Please provide details of your clinical progress, including how you achieve the 50:50 split between clinical and academic time |
| Recommendations |
| *(to be completed during the meeting)* |

**Declaration by CL:** I have read and agree with the comments made above and have discussed my progress/development needs with my Supervisor.

**Signature of CL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Comments from CL Programme Lead |
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**Signature of CL Programme Lead: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**