**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 | 3 |

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 |
| **What has been achieved so far?** |
| **Are you planning to apply for a clinical intermediate fellowship in the future?** **Please answer the appropriate sections below:****Future Fellowship:****Proposed Fellowship title:****What are you planning to do?** (max 200 words)**Is there anything that you need?****Have you contacted the fellowship academy?****No Future fellowship plans:****If you are not planning to apply for a future fellowship please summarise your plans after your lectureship and if there is anything we can do to help to support them** |
| **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 |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**