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| **University of Manchester ACF Project Progress Meeting - Form 2****For Academic ARCP****April/May** |

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| **ACF Name** |  | **Specialty** |  |
| **Year of ACF** |  | **Clinical Year**  | **ST** |
| **Academic Programme Lead (APL)** |  | **Academic Supervisor** |  |
| **ACF Advisor (*if applicable)*** |  | **Current Training Programme Director (TPD)** |  |
| **Date of meeting** |  |

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| **ACF Report (to be completed by trainee)** |
| ***Research training activities:******Faculty training sessions attended (tick as applicable)***[ ]  **Ethical aspects of clinical research**[ ]  **Patient and public involvement in research**[ ]  **Refereeing of papers and grant applications**[ ]  **Diversity and equal opportunities in research and cultural competence**[ ]  **Time management and personal effectiveness**[ ]  **Leadership: Practitioner, Partner and Leader roles** |
| ***Master’s course / conferences / training attended. Any future training plans / suggestions*** |
| ***Academic outputs (publications, qualifications, prizes)*** |
| ***Presentations (poster or oral, regional, national or international conferences)*** |
| ***Details of PhD/Fellowship project planning: Include proposed hypothesis, potential supervisory team, methodologies required, target funders and deadlines. (We realise this may not be fully formed in the earlier stages of your ACF).*** |

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| **Supervisor Report****The Supervisor/ Advisor/ APL should provide constructive comments focused on the development of the ACF towards their academic ambitions.** |
| ***Please comment critically and constructively upon progress to date. Include all aspects that need development with a suggested timeline.*** |
| ***What skills require more development by the ACF and in what timeframe should this be achieved?*** |
| ***Is the ACF satisfactorily engaging in the RTP? Y/N******If not, what plans are in place to rectify this:***  |

**Signature of Supervisor/Advisor/APL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by ACF:** I have read and agree with the report comments made above and have discussed my progress/development needs with my relevant Supervisor/Advisor/APL

**Signature of ACF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ARCP Outcome and comments (To be completed by ACF lead)** |
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| [ ]  **Needs further development** [ ]  **Meets** [ ]  **Exceeds** |

**Signature of ACF Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upon completion, please submit a fully signed copy to:**

**ICAT Team at** ICATadmin@manchester.ac.uk

***and***

**NHSE via E-portfolio**