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Name of Trainee :_____

Hospital : _____Training Period From :_____ To_____

TRAINING ACTIVITES DURING THE ABOVE TRAINING PERIOD

Notes:

1. Higher Trainees should read the **Principles and Guidelines on Training Point Requirements for Higher Surgical Trainees** carefully. Higher Trainees are also requested to record and report their attended training activities precisely by returning this report form together with the Mentor Assessment Form half yearly in every 6-month training period.
2. The minimum of 15 training points in 6-month training period.

Date of Meeting	Meeting	Hours	Passive (Please tick ✓)	Active *(Please specify)* (e.g. Speaker, Moderator, etc.)	Training Points awarded
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Number of training points accumulated during this assessment period*: _____*points

Signature of Trainee: _____Date: _____

This report must be certified by the supervisor / mentor before submitting to the College Secretariat

Name of Supervisor / Mentor:_____Signature:_____