# ACTIVITY LOG for the past year of training

to accompany report July 31st 2019

Resident’s / Trainee name: Jane Roe

<table>
<thead>
<tr>
<th>Date of rotation (start and finish)</th>
<th>Number of weeks (0.2 per day)</th>
<th>Category</th>
<th>Specify type of rotation **</th>
<th>Supervising Diplomate (1 per rotation)</th>
<th>Supervising Diplomate’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.02.- 14.02.2020</td>
<td>2</td>
<td>O</td>
<td>D1 rotation John Doe, DECVDI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.02.- 21.02.2020</td>
<td>1</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.02.- 28.02.2020</td>
<td>2</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.03.- 24.04.2020</td>
<td>5</td>
<td>COV19</td>
<td>Clinic running emergency services only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Categories:**
- C: Supervised surgical rotation
- O: Other required rotations i.e. diagnostic imaging, anaesthesia, pathology, internal medicine
- OC: Time off clinics for academic activities, research, manuscript preparation
- CE: Continuing education (Specialist meetings or specialty training)
- X: External rotations i.e. to a different institution
- H: Holiday
- COV19: Co

**Type of rotation: indicate the type of activity i.e. clinics, externship, rotations (anaesthesia, internal medicine, pathology, diagnostic imaging) specific courses meetings etc**

Resident’s/ Trainee Signature: ____________________________________________________________

Supervisor’s Signature: ___________________________ DATE: ____________

(Signatures certify that information is true and accurate)