** ECVS – Supervisors statement *COV19***

*Please declare all aspects of the programme affected by  
 COVID-19 on the second page of this form.*

to accompany report of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [dd.mm.yy]

for Standard VRSP Dual-site Standard VRSP Alternate VSTP

Tick the correct box

A copy of this statement must accompany each of the Residents reports to ECVS.

|  |  |
| --- | --- |
| **Name of Resident** |  |
| **Date of entry to Training Programme** |  |
| **Planned year of qualifying examination** |  |
| Name of Supervisor |  |
| Institution of Supervisor |  |
| Names of other resident(s) supervised by supervisor |  |
| Co-supervisor (in case of Dual-site Standard VRSP) |  |
| Institution of Co-Supervisor (in case of Dual-site Standard VRSP) |  |
| Names of other resident(s) supervised by co-supervisor |  |
| For LA programme: Surgical caseload in institution last year |  |

*In case of dual-site Standard VRSP the form below needs to be filled out by the supervisor*

**Progression of the trainee's clinical training and development**

Describe how the trainee progressed professionally in the last year (max. 100 words)

|  |
| --- |
|  |

Assessment of progress on manuscripts, research, continuing education/training (max. 100 words):

|  |
| --- |
|  |

Are there any reservations about the residents clinical, professional and ethical progress to date in their training programme? No Yes

If yes please provide details below:

|  |
| --- |
|  |

In your opinion, will this resident complete their credentials submission on time i.e. for the planned year of qualifying examination? Yes No

If no, please provide details below:

|  |
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|  |

**Verification of ECVS programme facilities, staff, services and equipment**

I verify that the personnel, facilities, service and equipment for the Standard VSRP / Alternate VSTP are present and available to the Resident and that they, along with the programme itself, are in accordance with current ECVS requirements **and have not changed since the last report**.

I remain active in the practice of veterinary surgery and continue to satisfy the requirements as a Supervisor.

Date *[dd.mm.yy]*\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ signature (Dipl ECVS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COVID-19 Impact on Programme***

Please list any aspect of the training programme that was **affected by the COVID-19 lockdown:**

Lockdown period from \_\_\_\_\_.\_\_\_\_\_.2020 (dd.mm.yyyy) to \_\_\_\_\_.\_\_\_\_\_.2020 (dd.mm.yyyy)

If **Outrotations** were affected, please detail below:

|  |
| --- |
|  |

If **Presentations** were affected, please detail below:

|  |
| --- |
|  |

If **Clinical Activities** were affected, please detail below:

|  |
| --- |
|  |

Further comments on COVID-19 impact on training programme (if any):

|  |
| --- |
|  |

Date *[dd.mm.yy]*\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ signature (Dipl ECVS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_