**RECORD OF OUT OF HOURS SESSION**

**Name**

**Type of session (e.g. base doctor (including walk-in centre), visiting doctor,**

**telephone triage, minor injuries centre) …………………………………………**

**Date of session……………………. Time of session and length (hours) ……….**

**Type of cases seen and significant events**

**Competencies demonstrated**

**Learning areas and needs identified**

**Debriefing notes from Clinical Supervisor**

**Signature of Clinical Supervisor ………………………….. Date ……………..**

**Name of clinical supervisor**