

## RECORD OF OUT OF HOURS SESSION

*Photocopy for each session attended*

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 .....