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| --- |
| **Actions Completed from last triangulated discussion: Yes/No\*** \*If yes evaluate and reflect (including impact):\*If no, please state why and set a new target date for completion:**Action steps based on discussion:** |
| **Targets set for week beginning date:** …Targets should be S.M.A.R.T and support the trainees’ development through the curriculum, pedagogy and professional practice. |
|  | **Target** | **Timeframe** | **Links to EYTS area of learning and development** | **Links to curriculum areas** |
| **1.** |  |  |  |
|  **2.** |  |  |  |
| **3.** |  |  |  |

**Signed by and copy given to:**

**Mentor:­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Associate Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**