|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**