

### 3. Record of OOH session

<b>Type of session</b> <i>(e.g. telephone call centre, satellite treatment centre, home visits)</i>	
<b>Date</b>	<b>Start and finish times</b>
<b>Type of cases seen and significant events</b>	
<b>Competencies demonstrated 1-5</b> <i>Please refer to Novice / Competent / Proficient self-assessment scale</i>	
<b>Learning areas and needs identified (to be discussed with trainer)</b>	
<b>Debriefing notes from Clinical Supervisor</b>	

**Signature of Clinical Supervisor**

**Date**

*Please photocopy this page x 11.*