



HELLO!

WESSEX IMG SUPERVISOR FORM

The Hello! Supervisor Form was developed by the Health Education England (Wessex) IMG Fellowship Programme to identify new International Medical Graduates commencing clinical posts.

The form should aid the initial meeting and is designed to be completed electronically between the supervisor and the junior doctor.

Section 1: Trainee Information

Grade:

Forename(s):

Surname:

Date of Birth:

Gender:

Male

Female

Non-Binary

Country of Birth:

Nationality:

Primary Qualification:

Date of Qualification:

Country of
Qualification:

Email Address:

Mobile:

Section 2: Trainee Background

Question 1: Is this your first post in the NHS? If not, where have you previously worked?
Question 2: Have you been elsewhere in the United Kingdom?
Question 3: What have you noticed about living in the United Kingdom that may be different from where you are originally from?
Question 4: Do you have any relatives or friends here in the United Kingdom?
Question 5: Apart from English, do you speak any other language?
Question 6: Do you have any hobbies or recreational activities that you partake?
Question 7: What are you most proud of?

Section 3: Placement Checklist

Complete this section if the trainee is commencing his or her first post in the hospital or Trust otherwise proceed to Section 4:

Attended the International Medical Graduate induction	
Yes	No
Attended Hospital Induction	
Yes	No
Attended department local induction	
Yes	No
Understands what his / her role responsibilities during the placement	
Yes	No
Has smartcard access required to access hospital systems and areas	
Yes	No
Has access to online or printed Portfolio	
Yes	No
Understands portfolio requirements of this placement	
Yes	No
Understands the roles of the Clinical and Educational Supervisor	
Yes	No
Understands the importance of reflection to facilitate lifelong learning	
Yes	No
Understands the requirements for his / her Annual Review of Competency Progression (ARCP)	
Yes	No
Previously in a compliant or serious incident	
Yes	No
Aware of the current changes to patient contact and the use of PPE relating to coronavirus	
Yes	No
Aware of the current government guidance relating to coronavirus and local self-isolation protocol	
Yes	No

Section 4: Support

Do you have any concerns or issues that you would like to discuss?
Do you understand your role’s responsibilities and who to seek help from during your shifts?
Do you have any upcoming night shifts duties on your rotation schedule? Are you comfortable commencing these duties?
What would you like to accomplish during this placement?

Section 5: Agreed Action Plan

Action plan:	
Supervisor Name:	
Supervisor Role:	
Supervisor Signature:	Date:
Location:	