**Appendix B: Learning Agreement**

**ACCS TRAINING**

**LEARNING AGREEMENT**

**Training Agreement for ACCS Trainees**

This is a training agreement between an ACCS CT1/2 trainee and their educational supervisor

***Training agreement declaration:***

**As a trainee**

I understand and agree that during my ACCS training I shall:

* Arrange the necessary regular meetings and sign-offs with my clinical/educational supervisors
* Develop a personal educational plan with my educational supervisor at the start of each placement.
* Familiarise myself with the ACCS Curriculum and the assessment requirements.
* Complete the required Workplace based assessments for each post and minimum of 1 x MSF each year.
* Engage in e-learning to complement and support my training.
* Participate fully in the relevant regional and departmental teaching programmes and be prepared to spend some of my own time on educational activities.
* Complete promptly all training and assessment documentation
* Maintain an up-to-date training College e-Portfolio of evidence and log book (as applicable).
* Participate as required in assessment meetings, i.e. ARCP feedback.
* Ensure PGME have up to date contact details for me at all times and respond promptly to communications from my trainers and PGME personnel.
* Ensure that I request study leave in good time and complete the relevant trust leave form/online requests so that suitable arrangements can be made for cover.

**As a trainer**

I understand and agree that:

* I will do my best to see that the trainee receives all the necessary support which will enable them to train successfully
* I will help my trainee to develop a personal educational plan at the start of each placement. This plan will take into account their current training needs and the time and resources available.
* I will be available to meet with the trainee on at least 3 separate occasions during each placement: at the beginning, mid point and end for appraisal.
* I will liaise as required in a timely manner with the Training Programme Director and any other relevant trainers to support my trainee as and when necessary
* I will complete a structured training report prior to the trainee's ARCP.

Trainee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan the completed original form into your e-Portfolio and give a photocopy to your Educational Supervisor.