

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 1 – 3)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio
<i>EXAMPLE: Better communication with DCP (more examples in 'User Guide')</i>	<i>Oct 09</i>	<i>✓ D-EP</i>	<i>✓</i>		<i>Feedback from trainer, discuss with DCP....</i>	<i>Dec 09</i>	<i>D-EP</i>

Adviser Review at 3 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 3 – 6)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 6 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 7 – 9)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 9 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 10 – 12)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 12 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 13 – 15)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 15 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 16 – 18)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 18 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 19 – 21)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 21 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 22 – 24)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 24 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

