**FCP Verification of Evidence Form**

**PRACTITIONER**

 I confirm that this portfolio contains my own work & evidence related to my own capability. I confirm no patient identifiable information is included.

**FCP SIGNATURE** ………………………………………………………………………………………………………………………………………

 **FCP HCPC REGISTRATION NUMBER** ………………………………………………**DATE**……………………………………………………..

**VERIFYING SUPERVISOR** please tick where required, supply information and sign to verify evidence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I CONFIRM I HAVE COMPLETED THE PRIMARY CARE ROADMAP SUPERVISOR TRAINING OR I AM A GP EDUCATIONAL SUPERVISOR | **YES** |  | **NO** |  |
| I HAVE REVIEWED THE EVIDENCE OF CAPABILITY IN THIS PORTFOLIO   | **YES** |  | **NO** |  |
| I CONFIRM I AM UP TO DATE WITH EQUALITY & DIVERSITY TRAINING | **YES** |  | **NO** |  |

**OVERALL RATING OF CAPABILITY FOR STAGE TWO** (PLEASE TICK)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Underperforming** |  | **Needs further Development**  |  | **Capable** |  | **Excellent**  |  |

**SUPERVISOR SIGNATURE……………………………………………………………DATE………………………………………………………..**

**SUPERVISOR REGISTRATION NUMBER (GMC/HCPC/NMC)………………………………………DATE**………………………………..