**Out Of Hours Summary Log ST1 / ST2 / ST3 Name** ……………………………………………………………

Minimum required is 36 hours per six months (full time equivalent)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Session number | Date | Location | Type of work: e.g. visiting doctor, telephone triage, base doctor/hub | Clinical Supervisor | Start Time | Finish time | Session Length | Running Total |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |
| **If sessions are booked post ARCP please indicate these as planned future sessions to complete the minimum OOH requirements TOTAL:** | | | | | | | |  |

**This form should be scanned in and uploaded to your ePortfolio in advance of your review and ARCP.**