

Supervised Clinical Attachment – Supporting evidence

Please attach this completed form to your Rural Grants claim form when claiming for your supervised clinical attachment.

Section A: Title of the attachment

First name Surname

RACGP no. (if applicable)

Title

Start date of Clinical Attachment End date of Clinical Attachment Total educational hours

Place and address of attachment

Learning objectives

Educational outcome

Section B: Session summary

Date	Total time in hours	Key learning area	Supervisor name	Supervisor signature
------	---------------------	-------------------	-----------------	----------------------

Name of supervisor	Qualifications
--------------------	----------------

Contact telephone	Email
-------------------	-------

The Rural Procedural Grants Program is a Commonwealth Department of Health funded initiative.