|  |  |  |  |
| --- | --- | --- | --- |
| ***Trainee:*** |  | ***Module:*** | **Clinical Genetics** |
| ***Start date of module:*** |  | ***End date of module:***  |  |
|  | dd/mm/yy |  | dd/mm/yy |

*This form should be completed at the end of the module, kept by the DBP Programme Director, and submitted for review when the trainee applies for exit assessment.*

|  |  |
| --- | --- |
| Comments / counselling: |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***DBP Programme Director:***  |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |