



## FORM TP3.7C Category 1: Major Event Coverage Report

*This form is used to assess the coverage completed by the Registrar for "Category 1: Major Event Coverage".*

*This form is to be completed post-event by the Registrar and their On-site Supervisor and ACSEP CTS.*

**PRIOR to the event, please seek approval from your CTS/ZTC to cover the event via email and cc in the National Training Coordinator to advise coverage details.**

### SECTION 1: REGISTRAR & EVENT DETAILS

Registrar Name:

Year of Training:

Training Program Year:

Registrar Position with Event:

Event Name:

Sport Type:

Duration...

From:

To:

Primary Supervisor Details...

ACSEP Fellow/Supervisor (CTS)

Fellow from other College (CTI)

Other

Name:

Position:

Supervision  
Level:

If Primary Supervisor is NOT an ACSEP  
Fellow, name of Level 2 ACSEP CTS:

### SECTION 2: OUTLINE OF REGISTRAR'S MEDICAL ROLE & DESCRIPTION OF EVENT

*To be completed by the Registrar: Outline your role details & what type of event you were looking after*



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## SECTION 3: PRE-EVENT INVOLVEMENT & PLANNING

***To be completed by the Registrar:** Discuss your role within the pre-season activities of the event*

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## SECTION 4: OVERVIEW OF THE MAJOR MEDICAL/MUSCULOSKELETAL PROBLEMS MANAGED

***To be completed by the Registrar:** List the significant medical problems and how you addressed them. Your medical logbook must contain ALL medical occurrences.*

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### SECTION 5: INTERPERSONAL & MANAGEMENT SKILLS

*To be completed by Primary Supervisor: Please rate and comment on the Registrar's performance.*

	Poor	Fair	Satisfactory	Good	Excellent	N/A
<b>Communication</b> <i>Clear &amp; easy to understand when liaising with athletes, event staff, general public. Kept management in the loop.</i>						
<b>Collaboration</b> <i>Worked well within a team, supported all personnel.</i>						
<b>Professionalism</b> <i>Displayed appropriate, exemplar and ethical behavior when interacting with athletes, event staff, general public</i>						
<b>Reliability</b> <i>Attended all relevant sessions, arrived on time and completed tasks as required.</i>						
<b>Extra Comments</b> <i>Strengths or Improvements</i>						

### SECTION 6: MEDICAL & CONSULTATION SKILLS

*To be completed by ACSEP CTS: Please rate and comment on the Registrar's medical management through direct observation and/or reviewing event material, such as medical logbook/diary and incident reports.*

	Poor	Fair	Satisfactory	Good	Excellent	N/A
<b>Management of Acute Medical Situations</b>						
<b>Management of Injuries &amp; Illnesses</b>						
<b>Medical Record Keeping</b> <i>Medical records accurate, detailed and up to date</i>						
<b>Follow on Care</b> <i>Continuum of care of athletes suitable post-event</i>						
<b>Extra Comments</b> <i>Strengths or Improvements</i>						



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### SECTION 7: REGISTRAR'S STRENGTHS & IMPROVEMENTS

#### STRENGTHS

*Registrar & ACSEP CTS to document areas of strength & valuable experiences*

#### IMPROVEMENTS

*Registrar & ACSEP CTS to document areas of improvement & valuable experiences*

### SECTION 8: SIGN-OFFS & OUTCOME

Registrar Signature:

Date:

Primary Supervisor  
Signature:

Date:

ACSEP CTS Signature:

(If Primary Supervisor is not a CTS)

Date:

Coverage Outcome:

(To be awarded by ACSEP CTS)

Satisfactory:

Unsatisfactory:

(consult Zone Training Coordinator)

*Please upload to your LMS and show at the relevant 6 Month Progress Review*