



## FORM TP3.7D Category 5: Minor Event Coverage

*This form is used for Category 5: Minor Event Coverage.  
This form is to be completed by the Registrar, Team Manager/Contact and the Registrar's Team Supervisor.*

### SECTION 1: REGISTRAR & EVENT DETAILS

.....  
**Registrar Name:**

.....  
**Year of Training:**

**Training Program Year:**

.....  
**Registrar Position with Event:**

.....  
**Event Name:**

.....  
**Duration**

**From:**

**To:**

.....  
**Senior Event Contact Name:**

**Position:**

.....  
**ACSEP Supervisor Name:**

**Supervision Level:**

### 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: 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 log-book/diary must contain all medical occurrences.*

SECTION 4: INTERPERSONAL & MANAGEMENT SKILLS

*To be completed by the Event Manager/Contact or (if Level 1 was provided) ACSEP Supervisor :  
Please rate and comment on the Registrar's performance while providing support for the event.*

	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>						



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SECTION 5: MEDICAL & CONSULTATION SKILLS

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

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

SECTION 6: OUTCOME & SIGN-OFFS

ACSEP Requirement Outcome:

Satisfactory:

Unsatisfactory:  
*(consult Zone Training Coordinator)*

Registrar Signature:

Date:

Event Contact Signature:

Date:

Acknowledgment/appreciation Letter received from Event for medical coverage  
Registrar to retain and present if requested.

Yes:

No:

N/A:

ACSEP Event Supervisor Signature:

Date:

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