



FORM TP3.7F Category 3: Team & Event Coverage for Elite Athletes

*This form is used for Category 3: Team & Event Coverage for Elite Athletes.
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:

This Category was completed for:

Elite Team

Elite Event

Registrar Position with Team / Event:

Team / Event Name:

Duration

From:

To:

Senior Team / Event Contact Name:

Position:

ACSEP Supervisor Name:

Supervision Level:

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

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



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SECTION 3: PRE-TEAM / EVENT INVOLVEMENT & PLANNING

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

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SECTION 4: OVERVIEW OF THE MAJOR MEDICAL/MSK PROBLEMS MANAGED

To be completed by the Registrar: List the significant medical problems and how you addressed them. Your patient medical log-book/diary must contain all medical occurrences.

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SECTION 5: INTERPERSONAL & MANAGEMENT SKILLS

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

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

SECTION 6: MEDICAL & CONSULTATION SKILLS

To be completed by ACSEP Supervisor: Please rate the Registrars on the below items.
Observe Registrar's extra material, such as medical log-book/diary, incident reports and other medical records

	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>						



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SECTION 6: TEAM COVERAGE: MEDICAL & CONSULTATION SKILLS

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

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Pre-Season Screening & Examination						
Pre-Habilitation Program						
Management of Acute Medical Situations						
Management of Injuries & Illnesses						
Injury Rehabilitation Program						
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 7: REGISTRAR'S STRENGTHS & IMPROVEMENTS

STRENGTHS <i>Registrar & Supervisor to discuss areas of strength & valuable experiences</i>	IMPROVEMENTS <i>Registrar & Supervisor to discuss areas of improvement & development</i>



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SECTION 8: OUTCOME & SIGN-OFFS

ACSEP Deliverable 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:

This completed Form must be stored in the Registrar's LMS and shown at the relevant 6 Month Progress Review