



Category 1 – Major Event Coverage Form

DESCRIPTION

This form is used by Registrars to document completion of Category 1 – Major Event Coverage event and team coverage requirements in the Training Program. This form must be completed post-event by the Registrar and their primary supervisor. Before the event, Registrars must seek approval from their CTS/ZTC to cover the event and inform National Office via email at registrars@acsep.org.au.

REGISTRAR AND EVENT DETAILS

Registrar name		Year	
Stage of training		Training period	
Position at event			
Event name		Sport type	
Start date		End date	
Primary supervisor	<input type="checkbox"/> ACSEP Fellow (CTS) <input type="checkbox"/> Fellow of another College (CTI) <input type="checkbox"/> Other		
Primary supervisor name		Primary supervisor position	
Supervision level		<i>If primary supervisor is not ACSEP Fellow, name of Level 2 ACSEP CTS</i>	

REGISTRAR ROLE DESCRIPTION

To be completed by the Registrar.

Overview of the Registrar's medical role and a description of the event.



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PRE-EVENT INVOLVEMENT AND PLANNING

To be completed by the Registrar.

Overview of the Registrar's role within pre-event activities and planning.

MEDICAL/MUSCULOSKELETAL CONDITIONS MANAGED

To be completed by the Registrar.

List of the significant medical or musculoskeletal problems managed by the Registrar and how they were managed. Note: All problems must be included in the Registrar's Training Logbook.

REFLECTION

To be completed by the Registrar.

Describe the aspects of the event that went particularly well and aspects that were not expected or did not go according to plan. How would you change your approach to managing another similar event?



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MEDICAL AND CONSULTATION SKILLS

To be completed by the primary supervisor.

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Management of acute medical situations						
Management of injuries and illness						
Medical recordkeeping – accurate, detailed, up to date						
Follow on care – continuum of care of athletes suitable						
Additional comments – strengths or development areas						

REGISTRAR STRENGTH AND DEVELOPMENT AREAS

To be completed by the Registrar and primary supervisor.

Discuss the Registrar's strengths	Discuss the Registrar's areas for development

SIGNOFF

If the primary supervisor is different from the Registrar's CTS, the Registrar's CTS must also sign the form.

Registrar name		Signature	
Date			
Primary supervisor name		Signature	
Date			



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CTS name		Signature	
Date			
Overall outcome <i>(determined by ACSEP supervisor)</i>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		