

Appendix C	ANNUAL REPORT FOR PBMT APPROVED TRAINING UNITS
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INSTRUCTIONS

- *To be submitted on 30 November each year*
- *Sections 1-5 below to be completed by all approved training units.*
- *Section 6 below is only applicable to cluster model units*

TO BE COMPLETED BY THE INDIVIDUAL UNIT			
NAME OF THE UNIT		NAME OF TRAINING COORDINATOR	
ADDRESS (LOCATION) OF TRAINING COORDINATOR			
TELEPHONE DETAILS OF TRAINING COORDINATOR		EMAIL OF TRAINING COORDINATOR	

TO BE COMPLETED BY CLUSTER MODEL TRAINING UNITS (ON BEHALF OF THE WHOLE CLUSTER)	
CLUSTER IDENTIFICATION NAME	
INCLUDE THE NAMES OF LABS FORMING THE CLUSTER	
NAME OF TRAINING COORDINATOR OF THE CLUSTER	

1	STAFF COMPLEMENT- Please submit Appendix A for <u>each</u> unit
2	TEST PROCEDURES - Provide details of any changes to testing performed by unit / s
3	TRAINING PROGRAMME - Provide details of any changes to the training programme

4	SUCSESSES: Comment on goals and objectives met		
5	CHALLENGES: Comment on barriers and problems encountered		
6	CLUSTER MODEL 3 & 4 ONLY: Indicate how accommodation and travelling costs were covered		
7	OTHER GENERAL COMMENTS:		
NAME OF TRAINING COORDINATOR:	SIGNATURE OF TRAINING COORDINATOR	DATE:	