

## Quality Assurance / Clinical Audit Programme

This is to confirm that Dr. \_\_\_\_\_ have participated in the following Quality Assurance / Clinical Audit Programme.

**Title:**

**Summary (briefly describe the purpose, methods, findings and recommendations of the programme, and trainee's involvement):** (in 100-150 words)

Signature of Trainee: \_\_\_\_\_

Signature of Trainer : \_\_\_\_\_

Date : \_\_\_\_\_

Name of Trainer : \_\_\_\_\_