

Assessor Form

CONFIDENTIAL

Basic Surgical Trainee Assessment Form.

TRAINEE NAME:.....
SPECIALTY:.....

****Please remove this front sheet before returning completed form.****

Please turn the page.....

Assessor Form

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Basic Surgical Trainee Assessment Form.

Trainee Details

Trainee No.:.....

Date of Assessment:.....

Period Assessed: From:..... To:.....

Assessor Details

Name of assessor:..... Post/Grade:.....

Hospital:..... Unit:.....

To be completed by assessor at the END of SHO attachment.

Please complete all sections by entering a tick in the most appropriate box.

Assessment should be based on your own observations and not those of colleagues.

Please return completed forms to Anna Paisley, Research Fellow, University Department of Surgery, Royal Infirmary of Edinburgh, Lauriston Place, Edinburgh, EH3 9YW.

