

On the last day of the term, this form should be completed and emailed directly to the Medicine Education and Student Office, UNSW Medicine at [**phase3@med.unsw.edu.au**](mailto:phase3@med.unsw.edu.au)

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| **STUDENT NAME** |  | **STUDENT NO** |
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| **TERM DATES** |  | **HOSPITAL / ADDRESS** |
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| **SUPERVISOR** |  |  |
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| Please indicate your views on the student's performance in the following areas, particularly noting any problems. | | |
| **GENERAL COMPETENCE** | | |
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| **ATTITUDE**  **TTITUD**  **E** | | |
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| **ATTENDANCE** | | |
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| **FURTHER COMMENTS** | | |
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| Supervisor's Signature |  | Date |