

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**

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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 |