**­UNSW ELECTIVE General Practice Attachment**

**Students are required to complete a minimum of 25 supervised sessions in the 4 weeks they are attached to your practice which may include visits with other allied health care providers**. Please keep accurate records as this form is how Practice Incentive Payments are allocated to the practice. It is important to complete all details. Please ask the principal supervising GP to sign the form as this indicates agreement on number of sessions attended.

Student Name: ………………………………………………...................................................... Student No

Practice Name: ……………………………………………………………………………………………………………………………………………………………………………..

Practice Address: …………………………………………………………………………………………….................................................................................

Tel No: …………………………………………………………………………… Fax No: .............................................................................

Practice Email: ……………………………………………………………………………………………..

**Please indicate the number of sessions attended:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Week Beginning** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Date** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
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**Principal GP Supervisor Name: …...**

**Principal GP Supervisor signature: ………………………………………………………………… Date: …………………………………………………….**

**RETURN COMPLETED FORM TO:**

Education Support Officer

School of Public Health and Community Medicine

UNSW MEDICINE

UNSW SYDNEY NSW 2052

**Email: undergrad-sphcm@unsw.edu.au**

Any questions:

Tel: (02) 9385 2520