**­ELECTIVE General Practice Attachment**

Please keep accurate records as this form is the means by which Professional Development QA points and Practice Incentive Payments are allocated. It is important to complete all details - please ensure completion including Dr’s QA number. Please ask the doctor to sign the form as this indicates agreement on number of sessions attended.

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

**Please indicate the number of sessions you attended in the practice**

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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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**Name of each doctor and how many sessions you spent with each**

**Name Sessions**

QA No:

QA No:

QA No:

QA No:

QA No:

**Please ask your preceptor to sign this form:**

GP:

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

Fax No: ................................................................................................................................................................................................

**RETURN COMPLETED FORM TO:**

Undergraduate Administrative Officer

School of Public Health and Community Medicine

UNSW SYDNEY NSW 2052

Fax: (02) 9313 6185

Any questions -

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