This assessment should be signed by the Trainee following discussion of the assessment with the Supervisor of Training. When completed, the Supervisor must also sign this form before forwarding it to the Administrative Officer for Training within 2 weeks. The Trainee must retain a copy of the signed form within their training portfolio. Trainees have the right of appeal with regards to matters of process.

Name of Trainee

Surname Other names (in full)

Supervisor

Surname Other names (in full)

Hospital

____________________________

a) Have you been satisfied with the overall professional performance of the Trainee? Yes □ No □

b) Would you recommend that the Trainee’s training be fully accredited? Yes □ No □

c) In your opinion, is the Trainee now a competent intensivist, capable of providing a high standard of intensive care practice without supervision? Yes □ No □
SUPERVISOR’S COMMENTS (including strong points and weak points)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

TRAINEE’S COMMENTS:  I have discussed this assessment with the Supervisor of Training. I am aware that this assessment will form part of my training record and that it will be considered by the College in respect of a decision to award Fellowship. I make the following comments:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature of Trainee: ______________________  Date: ____/____/_____

SUPERVISOR’S ADDITIONAL COMMENTS:  In light of discussion with the Trainee, I note the following:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature of Supervisor: ______________________  Date: ____/____/_____

SATISFACTORY □   UNSATISFACTORY □

*Please forward the original, signed copy to the Administrative Officer for Training within 2 weeks. Copies of the completed form should be retained by the Supervisor and the Trainee.*