****assessment

Referral form

**This form should be used by a Training Programme Director/Associate Postgraduate Dean when referring a specialty trainee for a Ward Based Scenario Assessment organised by the Clinical Skills Centre, Dundee, and an Acute Care Scenario Assessment organised by the Scottish Centre for Simulation and Clinical Human Factors, Larbert.**

# TRAINEE DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name |  | Graduating Medical School |  |
| GMC Number |  | Current Employer |  |
| Home Address |  | Email Address |  |

# Details of Current post

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty |  | Start/End Date |  |
| Programme Level |  | Programme Grade |  |
| Full Time |  | Part Time |  |

# Areas of concern identified

|  |  |
| --- | --- |
|  |  |

# what has already been done

|  |  |
| --- | --- |
|  |  |

# summary of main issues to be addressed

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| **At what level do you want the candidate assessed?****(Please insert a tick in the appropriate box)** | **FY1** |  **FY2** |
| **Type of Ward Simulation Exercise requested?** **(Please place a tick in the appropriate box)** | **Medical** |  **Surgical** |

# Details of referrer

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (incl. title) |  | Surname |  |
| Employer |  | Work Tel No. |  |
| Email Address |  | Position |  |
| Sign |  | Date |  |

**Once completed this Referral Form must be forwarded to the specialty Lead Dean/Director for sign off.**

# DETAILS OF LEAD DEAN DIRECTOR

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Sign** |  | **Date** |  |

**Once signed off by the Lead Dean/Director this Referral Form should be forwarded to the Professional Support Unit** **PSU@nes.scot.nhs.uk** **for monitoring and tracking purposes only. The Referral Form will then be forwarded to the assessment centres.**