

THE UNIVERSITY OF THE WEST INDIES POSTGRADUATE MEDICAL EDUCATION UNIT

REFEREE REPORT

Section A is to be completed by the applicant and forwarded to the referee who should complete Section B and return AS SOON AS POSSIBLE to:

**THE ASSISTANT REGISTRAR
GRADUATE STUDIES AND RESEARCH OFFICE, THE REGISTRY UWI (MONA)**

Section A

Is submitted by Dr _____

Who has applied to join the _____

The information which you supply will be confidential.

Section B

1. State the period during which you have known this applicant _____

And/or supervised his/her work _____

2. Please tick the appropriate box below

	GOOD	SATISFACTORY	POOR
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Patient relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in Knowledge during observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the applicant been involved in (a) teaching or training undergraduate/paramedical/others
(name) _____

(b) Research work _____

If yes to 3(a) or 3(b) give brief assessment of applicant's ability

4. This space is reserved for more detailed comment which you think may help the University to decide on the suitability of this applicant for training in this programme

Date

Qualifications

NAME AND ADDRESS OF REFEREE
(Please print)

STATUS _____

Signature