ATTENDANCE & PAYMENT FORM

4th year GP Placements 2017-18

Please return this form at the end of the placement to:

Primary Health Care Teaching Team
University of Bristol
Faculty of Health Sciences, 1st Floor, South Wing,
Senate House, Tyndall Avenue
BRISTOL BS8 1TH

<table>
<thead>
<tr>
<th>Start date of placement</th>
<th>Duration of placement (2 or 4 weeks?)</th>
<th>Name of student</th>
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It is essential that you document any absence or concerns about student engagement as this now affects the student’s ability to progress to the end of year exams. Please provide full details below:

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<th>Date/s of absence</th>
<th>Reason given</th>
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Did you have any concerns about any of your students? Yes/No

If you have concerns, please refer to our Protocol for GP Teachers and Student Concern form, both of which can be found on our website: http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/ If you are still unsure we are more than happy to discuss this with you, please contact us via phc-teaching@bristol.ac.uk If necessary, please complete the Attendance Concern form or Student Concern form and return it to the address on the form. Please also send a copy to the Primary Health Care Teaching Office.

Residential placement only:
Was accommodation provided for the student? Yes/No

Lead GP Teachers name and other main GPs who taught this student: (Please only list those who taught 4 or more sessions)

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GP Practice: ..................................................................................................................................................

(This should be the practice name to which the cheque will be made payable)

I confirm that I/the practice taught the above medical student/s for ...............sessions (essential to complete please)

Lead GP Teacher’s signature: .......................................................... Date: ..........................................

Please note: a real signature is required for audit purposes