

ATTENDANCE & PAYMENT FORM

5th year GP Placements 2017-18

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

Primary Health Care Teaching Office
 Bristol Medical School
 1st Floor, South Wing
 Senate House, Tyndall Avenue
 BRISTOL, BS8 1TH

Date of placement	Names of students

Please give details if any absences or concerns:

Date of absence	Name of student	Reason given

STUDENT CONCERNS	
Did you have any concerns about any of your students?	Yes/No
If you have concerns, 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.	
MINI-CEXes	
Have your students completed one Mini-CEX each?	Yes/No
Have one or both of your students failed their Mini-CEX?	Yes/No
If they failed their initial Mini-CEX, did they complete a subsequent one?	Yes/No

Lead GP Teacher's name and other main GPs who taught this student (please only list those who taught 4 or more sessions):

.....

GP Practice:

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

I confirm that I taught the above students and that they were taught at this practice for sessions.

GP Teacher's signature:..... **Date:**.....

Please note: a *real* signature is required for audit purposes