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

<table>
<thead>
<tr>
<th>Date of placement</th>
<th>Names of students</th>
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Please give details if any absences or concerns:

<table>
<thead>
<tr>
<th>Date of absence</th>
<th>Name of student</th>
<th>Reason given</th>
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**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