

## Form B

## Professionalism Competency Year 1 & 2

STUDENT NAME							
DATE OF INTERVIEW							
PLACEMENT SITE							
PERFORMANCE	Clearly be	low the expected level	At expec	ted level	Unable to assess		
How would you rate overall performance in this attachment?		0	0		0		
PROFESSIONALISM	I have <b>no concerns</b> about this aspect of fitness to practice in this student		I have <b>concerns</b> about this aspect of fitness to practice in this student				
Professional behaviour	0		0				
Health or Personal Issues	0		0				
Academic probity/honesty	0		0				
Inappropriate behaviour	0		0				
Contravention of significant aspects of ethical codes or pol	0		0				
Issues external to the course	0		0				
Please provide additional details including whether the	he issue h	nas been raised wit	h or by	the stud	ent.		
Recommend follow-up for this student							
No Problem with this student							



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Staff Category

Please indicate other staff members who have provided feedback on the student's performance (e.g. VMO/Staff specialist, allied health, nursing staff, registrars/RMO).

Additional comments

Stan Category	Additional comments											
		1										
Supervisors name					Contact	number						
Signature					D	ate		-			-	20
Please provide information of further concerns.												

Please return completed form to the Clinical Placements Coordinator, School of Medicine – Waurn Ponds, Deakin University.

**Note:** Concerns regarding students' academic performance must be raised with the Clinical Placements Coordinator, School of Medicine – Waurn Ponds, Deakin University.