

**EDUCATIONAL SUPERVISOR'S REPORT**

Name of trainee

Training number

Hospital

Specialty

Dates

Programme number

Post no in programme

Name of Educational Supervisor

Comments

Has the trainee satisfactorily completed this attachment? **(YES/NO)**

Recommendations **(state where special attention should be given in future attachments)**

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Signature of trainee	
Signature of Educational Supervisor	Date
YEAR OF SPECIALIST TRAINING (please circle) ONE/TWO/THREE/FOUR/FIVE/SIX	

uems / infectious diseases sept 1999