

PRE-REGISTRATION TRAINING

APPRAISAL FORM – 52 WEEKS

This appraisal form is to be completed and signed by the **appointed pre-registration tutor** at the end of 52 weeks of training and sent to the Pharmaceutical Society of Northern Ireland. A copy or duplicate should be retained by the tutor and trainee.

Please print

Trainee Name:

Tutor Name:

Name and Address of Training Premises:

.....

.....

Three month pre-registration experience to which this form relates:

Commenced on:..... Completed on:.....

Each appraisal report should indicate the stage the trainee is at when the appraisal is undertaken compared with the standard they are expected to achieve at the end of the training year.

A grade of 3, 4 or 5 will not be acceptable in this final appraisal and will be taken to indicate that further training is required before the trainee is eligible for registration.

THE GRADES TO BE GIVEN ARE AS FOLLOWS

1	Excellent	Has achieved the highest standard expected of a competent pharmacist and demonstrates this standard consistently
2	Good	Has achieved the required standard expected of a competent pharmacist and demonstrates this standard consistently
3	Demonstrating progress, but not at standard for registration	Has made progress but needs further practice/training in order to demonstrate the standard consistently
4	Some progress	Has made some progress but requires further training/development
5	No progress	Has failed to develop to the minimum standard acceptable

Please complete each of the following sections

	Grade	Comments
Development of sense of professional responsibility		
Application of pharmaceutical knowledge in practice		
Attitude towards: (a) Staff		
(b) Patients/general public		
Ability to communicate: (a) With patients		
(b) With colleagues		
(c) With members of other professions		
Ability to accept and take authority		

TUTOR Please comment below on the trainee's overall progress so far:

TUTOR please tick to confirm:

I have discussed this report with my trainee

In our discussions, the main areas needing further attention have been identified

Signature of tutor:..... **Date:**.....

TRAINEE Please add any additional comments:

TRAINEE please tick to confirm:

I am aware of the main areas that need further attention

I will prepare/have prepared an action plan to tackle these areas

Signature of trainee:..... **Date:**.....