



ANZCA ID: | | | | | | | | | |

**4. SSU QUESTIONS (CONTINUED)**

Question 2

Satisfactory?  Yes  No

Question 3

Satisfactory?  Yes  No

Independence level?

Suggestions

Requirements met?  Yes  No

If no, what is still required?

**5. SUPERVISOR DECLARATION**

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Supervisor's  
Name:

Signature:

Day Month Year

**6. ANZCA SOT VALIDATION**

*This assessment must be validated by the nominated ANZCA SOT.*

SOT ID:

SOT's  
Name:

Signature:

Day Month Year

**Please send your completed form to the  
ANZCA Training Assessment unit:**

Email: [training@anzca.edu.au](mailto:training@anzca.edu.au)

Fax: +61 3 8517 5362