

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
Fax: +61 3 8517 5362