



Anaesthetics Appraisal Meeting

Confidential

Dr	Email:	
Position:	Duration:	Next Post:
Start Date:	GMC No:	Training No:
Educational supervisor		
Previous experience		
Courses		
Work placed assessments		
Feedback		
Log Book		
Audit		
Presentation		
Research	Publications	
Exam		
Teaching	Study leave	Annual leave
Outside concerns		
Goals		
Trainee's Signature	Appraiser's Signature	



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