

College Tutor re-appointment

To be completed by Regional Adviser Anaesthesia

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| Name of RAA | |
| School of Anaesthesia | |
| Full name of College Tutor standing for second term | |
| Name of Hospital | |
| Does the Tutor named above wish to continue into a second term ? | Yes / No |
| Has the Tutor had regular educational appraisal and appraisal in CT role? If not, please explain how effectiveness is assured | |
| Do you support this Tutor to continue in the role for a further 3 years? If you do not support, please explain reasons here, or contact Training Dept, RCoA to discuss with a College officer | Yes / No |
| Are you satisfied that the proposed Tutor has the support of their Department? | Yes / No |
| Who has provided evidence of this support (state name & position held)? e.g. Clinical Lead, CD | |
| Are you satisfied that the proposed Tutor has the support of their employer? | Yes / No |
| Who has provided evidence of this support (state name and position held)? e.g. DME | |
| Are you satisfied that the proposed Tutor has support of the local School of Anaesthesia? | Yes / No |
| Who has provided evidence of this support (state name & position held)? e.g. Head of School, PG Dean, Associate Dean | |

Signature:

Date: