

**Specialty Training  
Trainee Assessment Form  
DENTAL SPECIALTY TRAINEES ONLY**

- To be completed by Trainee
- This is an official document, and the original is the property of your Deanery/HEE Local Office.
- After completion it should be returned two weeks prior to your RCP.
- The Assessment Form is CONFIDENTIAL once completed and must be handled accordingly.
- The form will be made available to the PGDD (or deputy) and the external representatives

<b>Trainee Full Name</b>						
<b>Title</b>						
<b>Training Programme / Specialty</b>						
<b>Grade</b>						
<b>National Training Number</b>						
<b>GDC Number</b> GMC if applicable						
<b>Date of Entry to Training</b>						
<b>CCST / End of Training</b> Date						
<b>Current Post / Rotation</b>						
<b>Education Supervisor</b>						
<b>Clinical Supervisors</b>	1.					
	2.					
<b>Date of assessment</b>						
<b>Period covered</b> From			<b>Period covered</b> To			
Please grade and comment upon the quality of your placement						
Please insert √		<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Training environment</b>						
<b>Please comment on your reason for your choice</b>						
Please insert √		<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Supervision</b>						
<b>Please comment on your reason</b>						

<b>for your choice</b>					
Please insert √	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Clinical case mix/breath of supervision</b>					
<b>Please comment on your reason for your choice</b>					
Please insert √	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Non-clinical training opportunities</b>					
<b>Please comment on your reason for your choice</b>					
Please insert √	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Access to IT support, office space etc.</b>					
<b>Please comment on your reason for your choice</b>					
Please insert √	<b>Very good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very poor</b>
<b>Access to study leave</b>					
<b>Please comment on your reason for your choice</b>					
<b>Additional comments</b>					
<b>Signature</b>					
<b>Date</b>					
Please return by email to the Deanery / HEE Local Office RCP administrator.					