



College of Intensive Care Medicine
of Australia and New Zealand
ABN: 16 134 292 103

FINAL IN-TRAINING ASSESSMENT FORM

TO BE COMPLETED BY THE IMMEDIATE PAST SUPERVISOR OF TRAINING IN INTENSIVE CARE

This form is only to be completed when the Trainee has completed the advanced training period along with all non-training requirements. Before award of Fellowship the Supervisor of Intensive Care Training for the last period of core Intensive Care training will have to certify that the Trainee is a competent intensivist, capable of providing a high standard of intensive care practice without supervision.

Please note that this form must be completed for all Trainees completing their advanced training, along with the relevant In-training Evaluation Report (ITER) for their final training period i.e. Intensive Care (general or paediatric), Anaesthesia, Clinical Internal Medicine (general or paediatric) or Elective training.

This assessment must be completed, discussed and signed by the Trainee and the Supervisor of Training. When completed, the original form must be forwarded to the Administrative Officer for Training within 2 weeks. The Trainee should retain a copy of the signed form within their training portfolio. Trainees have the right of appeal with regards to matters of process.

Trainee:

Surname

Other name(s)

Supervisor:

Surname

Other names(s)

Hospital:

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1. Have you been satisfied with the overall professional performance of the Trainee? YES NO
 2. In your opinion, is the Trainee now a competent intensivist, capable of providing a high standard of intensive care practice without supervision? YES NO
 3. Would you recommend that the Trainee be approved by the Fellowship Admissions Committee? YES NO

SUPERVISOR'S COMMENTS:

TRAINEE'S COMMENTS: *I have discussed this assessment with the Supervisor of Training. I am aware that this assessment will form part of my training record and that it will be considered by the College in respect of a decision to award Fellowship. I make the following comments:*

Signature of Trainee: _____ **Date:** / /

Signature of Supervisor: _____ **Date:** / /

Please forward the original, signed copy to the Administrative Officer for Training. Copies of the completed form should be retained by the Supervisor and the Trainee.