****assessment

Referral form

**This form should be used by a Training Programme Director when referring a specialty trainee for a Ward Based Scenario Assessment organised by the Clinical Skills Centre, Dundee, and an Acute Care Scenario Assessment organised by the Scottish Centre for Simulation and Clinical Human Factors, Larbert.**

**Once completed this referral form should be sent by the referrer to:**

**For a Ward Based Scenario Assessment in Ninewells Hospital –** **a.y.lorimer@dundee.ac.uk**

**For an Acute Care Scenario Assessment in Forth Valley –** **fv.scschf@nhs.scot**

# TRAINEE DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name |  | Graduating Medical School |  |
| GMC Number |  | Current Employer |  |
| Home Address |  | Email Address |  |

# Details of Current post

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty |  | Start/End Date |  |
| Programme Level |  | Programme Grade |  |
| Full Time |  | Part Time |  |

# Nature of Concern About specific capabilities

|  |  |
| --- | --- |
|  |  |

# what has already been done

|  |  |
| --- | --- |
|  |  |

|  |  |  |
| --- | --- | --- |
| **At what level do you want the candidate assessed?****(Please insert a tick in the appropriate box)** | **FY1** |  **FY2** |
| **Type of Ward Simulation Exercise requested?** **(Please place a tick in the appropriate box)** | **Medical** |  **Surgical** |

# Details of referrer

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (incl. title) |  | Surname |  |
| Employer |  | Work Tel No. |  |
| Email Address |  | Position |  |
| Sign |  | Date |  |

**A copy of this referral form should be sent to** **tdws@nes.scot.nhs.uk** **in order that the administrative team can arrange payment to the simulation centres.**