SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
REFEREE FORM
PARALLEL PATHWAY/SUBSPECIALTY TRAINING

*Note: Referee must be a clinical specialist who is well-informed with the candidate's clinical skills and the candidate's immediate supervisor such as the candidate's Head of Department. The referee **must not** be an assessor of the applied programme.*

REFEREE'S REPORT

Candidate's Name : _____

Referee's Name : _____

Programme/Training applied : _____

Please provide your report about the candidate according to the following components:

1. RELATIONSHIP WITH STAFF, PATIENTS AND PATIENT'S RELATIVE:

_____
_____
_____
_____
_____

2. COMMITMENT TOWARDS TASK, TEAMWORK AND LEADERSHIP VALUES:

_____
_____
_____
_____
_____

3. KNOWLEDGE AND PROFESSIONAL SKILLS:

_____
_____
_____
_____
_____

4. INVOLVEMENT IN RESEARCH AND TRAINING:

_____
_____
_____
_____
_____

5. SUITABILITY TO UNDERGO THE TRAINING:

_____
_____
_____
_____
_____

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Referee's signature :

Official stamp :

Date :

This form must be sent to:

Clinical Management Unit

Ground Floor, Admin Office

Sultan Ahmad Shah Medical Centre @IIUM

(Attn: Secretariat of Scholarship and Study Leave Sub-committee)

**For Subspecialty Training, once completed by the Referees- to be sealed together with the FORM APPLICATION FOR SUBSPECIALTY TRAINING*