



EBOPRAS Plastic Surgical Trainee Assessment Form

To be completed by the head of the training department

Name of candidate:

	Poor	Improvement indicated	Average	Above average	Outstanding
Clinical Maturity					
Technical Ability					
Compatibility					
Administration					
Punctuality					
Industry					
Dependability					
Receptive to Training					
Reading					
Research					
Publications					
Courses, etc.					

I certify that this Plastic Surgeon is
(please delete one)

either a plastic surgery specialist
or a trainee enrolled in a programme to become a specialist

Head of the training department or head of the specialist training program recognised by the Health Authority:	Name: _____ Date: _____ Signature: _____
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