ELECTIVE General Practice Attachment

Please keep accurate records as this form is the means by which Professional Development QA points and Practice Incentive Payments are allocated. It is important to complete all details - please ensure completion including Dr's QA number. Please ask the doctor to sign the form as this indicates agreement on number of sessions attended.

Student Name:…….. Student No .....

Please indicate the number of sessions you attended in the practice

Week Beginning	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	**Sat**
Date	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**

Name of each doctor and how many sessions you spent with each

Name **Sessions**

.....QA No:..... .....

.....QA No:..... .....

.....QA No:..... .....

.....QA No:..... .....

.....QA No:..... .....

Please ask your preceptor to sign this form:

GP:.....

Address:…….

RETURN COMPLETED FORM TO:
Undergraduate Administrative Officer
School of Public Health and Community Medicine
UNSW SYDNEY NSW 2052
Fax: (02) 9313 6185

Any questions -
Tel: (02) 9385 2520
Email: undergrad-sphcm@unsw.edu.au