



Please complete, sign and return this form to the Clinical School office as detailed below or, place in sealed envelope and ask the student to deliver to Clinical School upon their return.

STUDENT DETAILS

Student name: _____

ELECTIVE DETAILS

Dates: _____

Organisation: _____

Address: _____

Supervisor Name: _____

Supervisor's Email: _____ Supervisor's Phone: _____

General Assessment: (please circle)

Did the student attend regularly?	Yes	No
Did the student contribute to your activities?	Yes	No
Do you think the student learned from their time at your institution?	Yes	No
Was the student a good ambassador for The University of Melbourne?	Yes	No

General Comments:

Signature: _____ Date: _____

Please complete form and return to: