

## RCP List of ‘Raters’ asked to participate in MSF

Trainee to complete this form    Trainee’s GMC number: \_\_\_\_\_

Trainee’s name: \_\_\_\_\_

Please fill in this form as you distribute your MSF forms and then return it to your educational supervisor.

	Name of ‘Rater’	Profession	Hospital department
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**WHEN COMPLETE PLEASE KEEP THE WHITE (TOP) COPY FOR YOUR RECORDS. RETURN THE BOTTOM TWO COPIES TO YOUR EDUCATIONAL SUPERVISOR WHO WILL KEEP THE BLUE (MIDDLE) COPY FOR THEIR RECORDS AND RETURN THE YELLOW (BOTTOM) COPY TO THE DEANERY**