Trainee Affairs Department

Counselling and Guidance Section

Trainee Performance Evaluation Form

Please attach (Program Referral Form)

Trainee’s Name ……………………………………………………….……………….......

OMSB No……………………………………. Academic Year………………………......

Training Program………………………………………………………………………......

Date of joining OMSB……..……………………………………………………………...

Trainee has been trained for training requirements Yes No

Deterioration of Trainee’s efficiency or behavior has been noticed Yes No

If **Yes**, since when ……………………………………………………………………….

Trainee’s attitude towards service Good Average Poor

Trainee’s adjustment to training conditions Good Average Poor

Trainee’s popularity among:

1. Seniors Popular Acceptable Unpopular
2. Colleagues/peers Popular Acceptable Unpopular
3. Medical/allied staff Popular Acceptable Unpopular

Trainee’s capabilities:

1. Mental (Attentive /motivated) Above Average Average Below Average

1. Physical Above Average Average Below Average

Trainee’s appearance and cleanliness Good Average Poor

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Put the sign (✓) in front of the characteristics that are applicable to the Trainee

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristics** |  | **Characteristics** |  |
| Submissive |  | Aggressive |  |
| Calm |  | Short-tempered |  |
| Frank |  | Suspicious |  |
| Relaxed |  | Tense |  |
| Conscientious |  | Perfectionist |  |
| Worrying |  | Casual |  |
| Moody |  | Cheerful |  |
| Clear-headed |  | Confused |  |
| Confident |  | Indecisive |  |
| Kind-hearted |  | Harsh |  |
| Immature |  | Demonstrative |  |
| Callous |  | Mature |  |
| Unreliable |  | Reliable |  |
| Upright / righteous |  | Vain |  |
| Complaining |  | Careless |  |
| Proud |  | Forgetful |  |
| Tactful |  | Tactless |  |
| Absent-minded |  | Social |  |
| Antisocial |  | Patient |  |

**Additional comments** (if any)

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Has the trainee been involved in any violations or penalties?

Yes No Not enough information

If **Yes** please give details

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Education Committee’s recommendations and future plans for the Trainee:

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Education Committee Chairman / PD Name: ……………………………………….……...

Telephone No……………………………………....…………………………………..……

Date ………………….….……………….... Signature …..………….…….…….…...

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