



PHARMACISTS COUNCIL OF ZIMBABWE

SIX MONTHS ASSESSMENT FORM FOR PHARMACY AND OPTOMETRY PRACTITIONERS

NAME OF PRACTITIONER.....

NAME OF APPROVED PREMISES.....

TYPE OF PREMISES –

NAME OF SUPERVISOR.....

DATE COMMENCED TRAINING.....

DATE OF REPORT.....

		GOOD	SATISFACTORY	POOR
1.	<u>Personal</u>			
2.	Adjustment from student to active professional life			
	(a) Relationship with working colleagues			
	(b) Relationship between yourself and graduate			
2.	<u>Professional</u>			
	(a) Technical knowledge			
	(1) Theoretical			
	(2) Practical			
	(b) Attitude to professional ethics			
	(c) Interest in other branches of the profession			
	(d) Potential as a health Advisor			
3.	<u>Practical</u>			
	(a) General demeanour in working environment			
	(b) Willingness to be helpful to others (e.g) patients,customers, colleagues			

4. General Comment

- (a) Is there provision for periodic involvement in complementary branches of the profession?

- (b) Comment on obligations under the Rules of Training.

- (c) Comment on any difficulties experienced.

- (d) Any suggested improvements?

- (e) Any other comment.

5. Comments

(a) Trainee's Comments

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Trainee's Signature

(b) Supervisor's Comments

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Supervisor's Signature

OFFICIAL STAMP