



**LIST OF 'RATERS' INVITED TO PARTICIPATE IN PEER TEAM RATING (PTR)**

**PTR FORM  
A**

DEAR TRAINEE/TRAINER,

Please identify at least five members of your team to assess the trainee using PTR form B as per the instructions in the relevant prospectus. Ensure that all categories of staff are included in the list below. (e.g. Consultants, Registrars, SHO's, Nursing officers, Medical students, Pupil Nurses, Physiotherapists, Pharmacists, Theatre Staff, Labour Room Midwives, Technicians, etc.)

Please submit this form together with five assessments, using PTR form B from the raters listed below to Director, PGIM.

**Please fill in this form before you distribute your PTR forms.**

	<b>Name of 'Rater'</b>	<b>Profession/ Occupation</b>	<b>Hospital Department/ ward</b>
1			
2			
3			
4			
5			

Name of trainee : \_\_\_\_\_ PGIM Roll No: \_\_\_\_\_

Speciality : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Name of trainer : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_