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| **College Tutor re-appointment****To be completed by Regional Adviser Anaesthesia** |
| Name of RAA |  |
| School of Anaesthesia |  |
| Full name of College Tutor standing for second term |  |
| Name of Hospital |  |
| Does the Tutor named above wish to continue into a second term ? | Yes / No |
| Has the Tutor had regular educational appraisal and appraisal in CT role? If not, please explain how effectiveness is assured |  |
| Do you support this Tutor to continue in the role for a further 3 years? If you **do not** support, please explain reasons here, or contact RCoA Training department to discuss with a College officer | Yes / No |
| Are you satisfied that the proposed Tutor has the support of their Department? | Yes / No |
| Who has provided evidence of this support (state name & position held)?e.g. Clinical Lead, CD |  |
| Are you satisfied that the proposed Tutor has the support of their employer? | Yes / No |
| Who has provided evidence of this support (state name and position held)?e.g. DME |  |
| Are you satisfied that the proposed Tutor has support of the local School of Anaesthesia? | Yes / No |
| Who has provided evidence of this support (state name & position held)?e.g. Head of School, PG Dean, Associate Dean |  |

**Signature: Date:**