



NORTHERN IRELAND MEDICAL AND DENTAL
TRAINING AGENCY

**F2 SOUTHERN
TUTORIAL ATTENDANCE & FEEDBACK FORM – DEC 2011 TO APR 2012**

Date: _____

Venue: _____

Curriculum title: _____

Attendees please sign:

(Please enter a comment if the reason for absence is known, S for sick leave, H for holiday)

Name	Signature
Amy Foster	
Judi Graham	
Rachael McKeogh	
Stephen McLernon	

Feedback:

What was most helpful?	
What did you learn today that was new?	
What could improve this section?	
What was least helpful about today's session?	

ORGANISER or APPROPRIATE OFFICER

I certify attendance of the above (please print name): _____

Forms should be posted on a WEEKLY BASIS to:

GP Specialty Training Team, NIMDTA, Beechill House, 42 Beechill Road, Belfast, BT8 7RL OR

Email to: gpspecialtytraining@nimdta.gov.uk

CC all attendees and Dr Fergus Donaghy: fergusdonaghy@msn.com