

Appendix 12: Assessment Form for supervised practice

Name of applicant.....

(To be completed and returned in confidence by Head of Institution or approved supervisor of a Temporary or Provisional registered person to the Registrar Health Professions Council of Zambia)

	(Tick appropriately)	V/Good	Good	Fair	Poor
a. Knowledge of professional practice:					
b. Awareness of patient's safety:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observance of professional ethics:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work consciousness:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintenance of professional integrity on/off duty:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Knowledge of Zambian Laws applicable to the profession		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Procedural accuracy in:					
i. Diagnostic Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Prescriptive skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to Learn					
i. on the job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. from others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Attitude to					
i. Patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Members of other profession		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Colleagues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. General public		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General comments.....

I hereby declare that the information given above is true and accurate to the best of my knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant.

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FULL NAMES OF HEAD OF INSTITUTION OR APPROVED SUPERVISOR	SIGNATURE	DATE STAMP
PROFESSION:	HPCZ Full Reg. No:	

