

Assessment Summary

Trainee's full name

Trainee's pre-registration
number

Tutor's full name

Tutor's GPhC number

Please date and sign when a performance standard has been achieved consistently by the trainee.

Only make entries once the performance standard has been completed to the standard expected of a newly registered pharmacist.

Over the year this will become a cumulative record of the performance standards your trainee has achieved so far. Please retain a copy of this form for your own records. You may be asked by the GPhC to submit a copy.

Standard	Date	Tutor's signature
A1.1		
A1.2		
A1.3		
A1.4		
A1.5		
A1.6		
A1.7		
A1.8		

A2.1		
A2.2		
A2.3		
A2.4		

A3.1		
A3.2		
A3.3		
A3.4		
A3.5		

A4.1		
A4.2		
A4.3		
A4.4		
A4.5		
A4.6		
A4.7		
A4.8		

A5.1		
A5.2		
A5.3		
A5.4		
A5.5		
A5.6		
A5.7		

Standard	Date	Tutor's signature
B1.1		
B1.2		
B1.3		
B1.4		
B1.5		
B1.6		
B1.7		
B1.8		
B1.9		
B1.10		
B1.11		
B1.12		

B2.1		
B2.2		
B2.3		
B2.4		
B2.5		
B2.6		
B2.7		
B2.8		
B2.9		

Standard	Date	Tutor's signature
C1.1		
C1.2		
C1.3		
C1.4		
C1.5		
C1.6		
C1.7		
C1.8		
C1.9		
C1.10		
C1.11		
C1.12		

C2.1		
C2.2		
C2.3		
C2.4		
C2.5		
C2.6		
C2.7		
C2.8		
C2.9		
C2.10		
C2.11		

Do not send the original form