

**CARDIOTHORACIC SURGERY PARALLEL TRAINING PROGRAM 2021
REFEREE FORM**

Candidate Name: _____

Referee Name: _____

Please give your opinion on the candidate in the following areas:

1. RELATIONSHIP WITH STAFF, PATIENTS AND RELATIVES

2. COMMITMENT TO WORK, TEAM WORK AND LEADERSHIP QUALITIES

3. KNOWLEDGE AND SURGICAL SKILLS

4. PARTICIPATION IN RESEARCH, AUDIT AND TRAINING

5. SUITABILITY TO UNDERGO HIGHER SURGICAL TRAINING IN CARDIOTHORACIC SURGERY

Signature and official stamp: _____

Date: _____