



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Personal Tutor Report Concerns and Monitoring Form

MBChB

Personal Tutor Form

Your student information	
Name	Click here to enter text.
Student number	Click here to enter text.
Year of Study	Click here to enter text.
Date and title of assessment	Click here to enter text.
Name of Personal Tutor	Click here to enter text.
Date of first contact with Personal Tutor	Click here to enter text.

Details from the Concerns Group

Details of meeting discussion

Details of discussion of e-portfolio

I confirm that the above student has been seen by me, their Personal Tutor. The student was advised of the Concern raised and understood the implications of its nature.

Yes

I confirm that the above student has been seen by me, their Personal Tutor, and that the student and I have developed an action plan in relation to the Concern raised above.

Yes

I confirm that the above student has been seen by me, their Personal Tutor, and advised that in view of the severity of his/her problems, that the student should arrange to meet with the Pastoral Support Team

Yes

Please provide any additional details

Personal Tutor signature (electronic or written version):

This form must be submitted to:

Dr Claire Stocker

Student Support Lead

School of Medicine

med-studentsupport@buckingham.ac.uk

Document Version Information

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