



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Personal Tutor Report Form

MBChB

Personal Tutor Report 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.
Name of Personal Tutor	Click here to enter text.
Date of first contact with Personal Tutor	Click here to enter text.

<i>Please indicate:</i>	Sensitive *	<input type="checkbox"/>
	For School File	<input type="checkbox"/>
	No issues raised	<input type="checkbox"/>

Reason for meeting: Choose an item.

Date of meeting: Click here to enter a date.

Health / welfare concerns raised: Choose an item.

Any pastoral problems? Yes/No

If yes, please detail and refer to the Pastoral Team

Summary of meeting

Details of meeting discussion

Details of Assessment (if applicable)

Date and title of assessment:

Comments on results:

Request for reasonable adjustments and/or re-assessment:
(Please refer to the reasonable adjustments review form)

Details of discussion of e-portfolio

I confirm that the above student has been seen by me, their Personal Tutor. I have not identified any cause for concern.

Yes

If not please specify the concern:

Has the student been referred to the Concerns Group?

Yes

If so please provide 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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Replacing Document:

Approved:

Date: