**Health Education England West Midlands Paediatric Consultant Feedback Form**

*Form to be completed* ***collectively*** *by all trainees (Specialty, GP & Foundation)*

**Consultant: No of trainees completing form:**

**Trust:**

**Site:**

|  |
| --- |
| **What makes this person a good trainer:** |
|  |

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| --- |
| **What would make them an even better trainer:** |
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| --- |
| **Any Other Comments:** |
|  |

**Please return this form to your RCPCH tutor**