



Otago Medical School

Te Kura Hauora o Ōtākou

MB ChB Professional Behaviour Form for reporting meritorious / concerning behaviour in medical students

Student name(s)

Date, time, and location of behaviour witnessed

What did you observe?

What were the circumstances?

Comments (concerns or compliments)

Has this been discussed with the student(s)? YES NO

To the best of my knowledge, the information contained in this report is accurate and complete.

Signed

Date

Name (this will be kept confidential, however in some circumstances this may not be possible, in which case we will contact you.)

Your role in relation to this student (e.g. Member of public, Hospital staff member, University staff/student, Patient, Librarian, etc.)

Contact details

Please send this form to:

University of Otago | Rural Medical Immersion Programme | rmip.administrator@otago.ac.nz | PO Box 56 | Dunedin 9054

Further copies of this form are available by contacting rmip.administrator@otago.ac.nz or may be downloaded from otago.ac.nz/OMSPBF