



# AMC WBA Program Nominated Colleagues to Complete 360° Assessment

**2023**

**MONTH ONE**

AMC Candidate Name

AMC Candidate Number

Dr

Please provide a list of the six (6) names as requested on this form and return as a matter of urgency to:

**WBA Office**  
**AMC Workplace Based Assessment Program**  
Centre for Medical Professional Development  
Waratah Campus, PO Box 21, Waratah NSW 2298

**Note: Nominees listed must have worked with you during the previous six months.**

Medical Supervisor Names	Position	Ward /Unit/email/mobile		Hospital and contact details of nominee
1.	Staff Specialist or VMO			
<b>Medical Colleague Names</b>				
2.	Staff Specialist or VMO			
3.	Staff Specialist or VMO			
<b>Co-Worker Names</b>				
1.	Nurse Unit Manager			
2.	Registered Nurse (Team Leader)			
3.	Allied Health			

AMC Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_