

**Training Committee in Palliative Medicine**

**Resubmitted Case Study Cover Sheet**

*This page must be completed and attached to the front of the case study when submitted to the College for review.*

*Please submit the resubmitted cover sheet as a PDF and resubmitted case study as a word document via email to* PalliativeMedTraining@racp.edu.au (Advanced Trainees) or PallMedFoundation@racp.edu.au (Clinical Foundation trainees)
This form should also be used if you are enrolled in the program under the previous name, Clinical Diploma in Palliative Medicine.

|  |  |
| --- | --- |
| Name of trainee: |  |
|  |  |
| Name of supervisor: |  |
|  |  |
| Title of case study: |  |

***Please ensure that the trainee has proof-read the case study and has marked off each of the following items on the checklist prior to submission.***

[ ]  Introduction [ ]  Spelling / grammar check

[ ]  Discussion [ ]  Vancouver Referencing followed

[ ]  Personal Reflection [ ]  Generic drug names written in lower case

[ ]  Conclusion [ ]  Proprietary drug names written with first letter upper case

[ ]  Reference List [ ]  Medicine doses written in standard units

[ ]  Word count <3,500 *(references not included)* [ ]  Word count *(please state)*:

The trainee and supervisor confirm that this resubmission has been amended in response to comments received from the reviewers. Where recommended changes have not been made, a separate explanatory note is provided.

**Supervisor comments:** (please attach further pages if required)

|  |
| --- |
|       |

[ ]  This assessment has been checked and reviewed by the nominated research supervisor(s).

|  |  |  |
| --- | --- | --- |
| **Signature of Supervisor**:  |  |  **Date:**      /       /       |

**Trainee Declaration**

*Please tick to indicate that you understand the following statements.*

I declare that:

[ ]  This assessment has been reviewed and checked by my research supervisor(s).
[ ]  This assessment is my own original work, except where I have appropriately cited the original source.

[ ]  This assessment complies with the marking criteria score sheet

[ ]  This assessment has been amended in response to comments received from the reviewers

[ ]  This assessment has not been previously submitted for assessment in this or any other context.

If the assessment has been previously submitted, please note the details below:

**Trainee comments:** (please attach further pages if required)

|  |
| --- |
|  |

[ ]  This assessment complies with the College’s [*Academic Integrity in Training*](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) policy.

For the purposes of assessment, I give the assessor of this assignment permission to:

[ ]  Reproduce this assessment for marking purposes, and;

[ ]  Take steps to authenticate the assessment, including communicating a copy of this assessment to a checking service (which may retain a copy on its database for future plagiarism checking).

|  |  |  |
| --- | --- | --- |
| **Signature of Trainee:**  |  | **Date of submission:**     /       /       |