

**UNIVERSITY OF TASMANIA  
TASMANIAN SCHOOL OF MEDICINE**

**CRITICAL APPRAISAL REPORT FOR  
CLINICAL ACADEMIC APPOINTMENTS**

*(to be completed by the person providing the critical appraisal of applicant)*

*Critical appraisal report for .....*

*Name of person providing the critical appraisal:*

*Postal Address:*

*Email Address*

*Contact Phone No .....*

*Statement of involvement on teaching activities*

*Statement of academic accomplishments in research*

*Publications:*

*Please indicate any known organization/administration work in connection with the work of the School.*

*Standing and contribution to the profession*

*Date:.....*

*Signature of person providing the critical appraisal: .....*