

Initial Meeting with Academic Supervisor

Date of meeting *	
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Foundation doctor

Name of Foundation Doctor:	Auto-filled
GMC No	Auto-filled
Training period from	Auto-filled
Training period to	Auto-filled
Local education provider	Auto-filled
Specialty	Auto-filled

This is an optional resource to support the planning and demonstration of academic achievements.

What specific ACADEMIC outcomes do you want to achieve within this placement? *

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In addition to the above outcomes, please indicate if you aim to produce any of the following within this placement: (and if so, by which date you aim to achieve this. Please provide a comment if necessary.)

Publication:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		

Comment	
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Presentation:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		

Comment	
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Other:

<input type="radio"/>	Yes	If yes, date:	
<input type="radio"/>	No		

Comment	
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How are you going to achieve these outcomes and in what time frame?

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If applicable, what is the focus of your project?

<input type="checkbox"/>	Research	
<input type="checkbox"/>	Education and Training	
<input type="checkbox"/>	Leadership and Management	
<input type="checkbox"/>	Other	If Other (please specify):

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Please record any comments or notes as discussed and agreed during the meeting:

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Supervisor details

Name	
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GMC Number (if applicable)	
Email	

Signatures

Academic Supervisor signature:	
Date signed by Academic Supervisor:	

Foundation Doctor signature:	
Date signed by Foundation Doctor:	