**Taster**

**Foundation doctor**

Forename of Foundation Doctor:  
Surname of Foundation Doctor:  
GMC Number:  

Upload additional evidence  
Attachment(s)  

**Taster specialty**  
Please select one…

- Academic Medicine  
- Anaesthetics and Critical Care  
- Emergency Medicine  
- General Practice  
- Medical specialties  
- Obstetrics & Gynaecology  
- Ophthalmology  
- Paediatrics  
- Pathology and laboratory-based specialties  
- Psychiatry  
- Public Health Medicine  
- Radiology  
- Surgical specialties  

**Taster venue**

- Emergency Medicine  
- Pathology and laboratory-based specialties  
- General Practice  
- Psychiatry  
- Obstetrics & Gynaecology  
- Medical specialties  
- Surgical specialties  

**Name of taster supervisor**

Email of taster supervisor:

**Grade of taster supervisor**

- Study Leave  
- Annual Leave  
- Other Leave  
- Total Duration  

**Duration of taster (no. of days)**

**Dates of taster**

From  
To  

**Reflection on the taster**

Please outline the reasons for completing this taster.

Prior to the taster, in what specific ways did you think you might be suited to the specialty?
Prior to the taster, did you have any specific concerns about ways in which you might not be suited to the specialty?

What did you find the most valuable learning experiences and how did they match your needs? What areas did you find the most challenging?

To what extent do you think that you were able to get a representative picture of clinical practice in this particular specialty during the taster?

Do you have any remaining questions about the specialty that you were not able to answer on the taster? If so, how could you have these questions answered?

Did the taster differ from your expectations? Has it changed your ideas or thoughts on a career direction? If so, how?

What are the next steps you are going to take, on the basis of having completed the taster? (For example, have remaining questions answered; talk to more people in the specialty; find out how to apply for posts in that specialty; research other specialties.)

Was the taster useful?

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Signatures

Foundation Doctor signature: __________________________

Date signed by Foundation Doctor: ____________________