

Career planning

Foundation doctor

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

Title

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What have I learned about myself/my career aspirations to date?

What potential specialties or sub-specialties are you considering or definitely not considering and why?

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Careers information sources that I have used / research I have done

For example websites, postgraduate careers advisors, specialty meetings, tasters and any career planning tools. Also, research into specific specialties, the effect on choosing each on your work/life balance and further career opportunities.

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Further action needed to explore my specialty choice(s) or subspecialty choice(s)

This section should be completed with your clinical or educational supervisor or careers advisor.

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Signatures

Foundation Doctor signature:	
Date signed by Foundation Doctor:	