

General Meeting

Foundation doctor

First name of foundation doctor:*	
Last name of foundation doctor:*	
GMC Number:*	
Training period from:*	
Training period to:*	
Local education provider:*	
Specialty:*	

Meeting details

Date of Meeting:*	
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Reason for meeting:*	<input type="radio"/>	Ad hoc meeting
	<input type="radio"/>	Adverse ARCP outcome meeting
	<input type="radio"/>	ARCP discussion/preparation
	<input type="radio"/>	Careers discussion and future plans
	<input type="radio"/>	Progress discussion
	<input type="radio"/>	Clinical incident follow-up
	<input type="radio"/>	Other

If Other (please specify)*:

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NOTE: This form should not be used in place of any of the mandatory supervisor meeting/report forms or as an "additional action plan". Before completing this form, please check that there isn't a more appropriate form in the forms list.

Discussion:*

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Actions agreed:

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Name(s) of other attendees:

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Completer details

Role:	<input type="radio"/> Clinical supervisor	
	<input type="radio"/> Educational supervisor	
	<input type="radio"/> Joint educational and clinical supervisor	
	<input type="radio"/> Academic supervisor	
	<input type="radio"/> Foundation programme director	
	<input type="radio"/> Trust/postgraduate centre administrator	
	<input type="radio"/> Foundation school administrator/manager	
	<input type="radio"/> Foundation school director	
	<input type="radio"/> Other If Other (please specify)*:	
	<table border="1"><tr><td></td></tr></table>	

Name:*	
GMC No:	
Email:*	

Completer signature:*	
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Date:*	
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