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:*  

Reason for meeting:*  

- Ad hoc meeting
- Adverse ARCP outcome meeting
- ARCP discussion/preparation
- Careers discussion and future plans
- Progress discussion
- Clinical incident follow-up
- Other If Other (please specify)*:  

Discussion:*  

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.
Actions agreed:

Name(s) of other attendees:

Completer details

Role:
- ☐ Clinical supervisor
- ☐ Educational supervisor
- ☐ Joint educational and clinical supervisor
- ☐ Academic supervisor
- ☐ Foundation programme director
- ☐ Trust/postgraduate centre administrator
- ☐ Foundation school administrator/manager
- ☐ Foundation school director
- ☐ Other
  - If Other (please specify)*:

Name:*  GMC No:  Email:*  Completer signature:*