

# 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:\***

**Actions agreed:**

**Name(s) of other attendees:**

**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"/>	SAS Doctor
	<input type="radio"/>	Other

If Other (please specify)\*:

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Name:*	
GMC No:	
Email:*	

Completer signature:*	
Date:*	