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| Referral Form 1 Professional Support Unit | Working across the East of England |
| Referral forms to be completed by the Head of School or Training Programme Director in conjunction with the Educational Supervisor | |

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| **Name:** | Click here to enter text. | | | | |
| **Tel No** | Click here to enter text. | | | | |
| **E-mail Address:** *(please do not use trust email)* | Click here to enter text. | | | | |
| **Hospital Trust:** | Click here to enter text. | | | | |
| **Grade:** | Click here to enter text. | | | | |
| **Speciality:** | Click here to enter text. | | | | |
| **Medical School:** | Click here to enter text. | | | | |
| **GMC / GDC No:** | Click here to enter text. | | | | |
| **Last ARCP Date and Outcome:** | Click here to enter text. | | | | |
| **Clinical Supervisor:** | Click here to enter text. | | | | |
| **Educational Supervisor:** | Click here to enter text. | | | | |
| **Training Programme Director:** | Click here to enter text. | | | | |
| **Referral Date:** | Click here to enter a date. | | | | |
| **Name of Referrer:** | Click here to enter text. | | | | |
| **Trust HR Contact:** | Click here to enter text. | | | | |
| **Head of School:** | Click here to enter text. | | | | |
| **Nature of Problem** | Clinical Performance, Knowledge & Skills | Health and Social Issues | | | Professional Behaviour and Attitudes |
| Engagement with Education and Training | | | Training Environment / Support Issues | |
| **Issues Identified** | Click here to enter text. | | | | |
| **What action has already been taken?** | Click here to enter text. | | | | |
| **Further Actions** | Click here to enter text. | | | | |
|  | Communication Skills | | Career Counselling | | |
|  | GMC referral | | Psychologist | | |
|  | OH referral | | Other: Click here to enter text. | | |

**Please tick to confirm that the trainee has been notified that a referral to the PSU has been undertaken.**

**Signature:**  **Date:** Click here to enter a date.

**Please ensure the Professional Support Framework (Form 2) has also been completed by the Educational Supervisor and or Clinical Supervisor and is attached to this form.**

**Please send this referral to psu.eoe@hee.nhs.uk**