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| Referral Form 1Professional 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**