**School of Public Health**

**01603 289095**

Correspondence

Floor 5, 20 Rouen Road

Norwich

NR1 1QQ

**Public Health Training Programme**

**Notification of change of placement**

Please send the completed form to

Training Programme Administrator: Carolyn.menin@nhs.net

Norfolk & Norwich Hosted Services Team: claire.robson@nnuh.nhs.uk

|  |  |
| --- | --- |
| **Registrar name** |  |

|  |  |  |
| --- | --- | --- |
| **Existing placement** | **Organisation 1\*** | **Organisation 2\*** |
| Organisation |  |  |
| Ed. Supervisor/Trainer |  |  |
| Hours worked per week  | wte |   |  |  |  |
| Date placement to finish |  |  |

|  |  |  |
| --- | --- | --- |
| **New placement** | **Organisation 1\*** | **Organisation 2\*** |
| Organisation and work baseTel no.Email address |  |  |
| Ed. Supervisor/Trainer |  |  |
| Date placement to start |  |  |
| Hours worked per week  | wte |  |  |  |  |
| Will you be claiming excess mileage? |  |  |

|  |  |
| --- | --- |
| **Completed by** |  |
| **Date** |  |

To be completed by the Training Programme:

|  |  |  |
| --- | --- | --- |
| **Slot number(s)** |  |  |

***\*If your placement involves two organisations (e.g. PCT & ERPHO), complete both columns.***