**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](mailto:Carolyn.menin@nhs.net)

Norfolk & Norwich Hosted Services Team: [claire.robson@nnuh.nhs.uk](mailto: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 base  Tel 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.***