**East of England - Public Health Specialty Training**

**PLACEMENT MOVE REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | CCT date | | |  | |
| Date | |  | | | | Educational Supervisor | | |  | |
| Recruitment zone | | | | | |  | | | | |
| Current zone | | | | | |  | | | | |
| **Placement history from start of training** | | | | | | | | | | |
| Location | | | | Date from | Date to | wte | Comments | | | |
|  | | | |  |  |  |  | | | |
|  | | | |  |  |  |  | | | |
|  | | | |  |  |  |  | | | |
|  | | | |  |  |  |  | | | |
|  | | | |  |  |  |  | | | |
| **Any significant gaps in training (maternity leave/sick leave etc)** | | | | | | | | | | |
| **From** | | **To** | **Reasons** | | | **From** | **To** | **Reasons** | | |
|  | |  |  | | |  |  |  | | |
|  | |  |  | | |  |  |  | | |
| **Placement move requests (in order of choice)** | | | | | | | | | | |
|  | **Location** | | | **Dates requested** | **Educational reason for this request** | | | | | |
| 1 |  | | |  |  | | | | | |
| 2 |  | | |  |  | | | | | |
| 3 |  | | |  |  | | | | | |
| 4 |  | | |  |  | | | | | |
| 5 |  | | |  |  | | | | | |
|  |  | | |  |  | | | | | |
| **Agreed reasonable adaptation** | | | | | **Possible implication for placement decision** | | | | | |
|  | | | | |  | | | | | |
|  | | | | |  | | | | | |
| **Any additional information to support your request** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | Signature | | Date |
| **Registrar confirmation**  I confirm the information given above is correct | | | | | | | |  | |  |
| **Educational supervisor confirmation**  I confirm that I support the placement requests made | | | | | | | |  | |  |
| **Zone lead confirmation**  I confirm that I support the placement requests made | | | | | | | |  | |  |