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| Referral Form E (Exam failure only)Professional Support Unit  | Working across the East of England |
| This referral form relates to trainees who have experienced exam failure on two or more attempts. If there are additional concerns, please ensure the Form 1 and Form 2 are completed. Referrals may be completed by the TPD, Head of School or the Trainee. |

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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. |

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| **Exam Failed?** *(e.g. MRCA, AKT)* | Click here to enter text. |
| **Part failed?** *(e.g. Part A, B, 1 or 2)* | Click here to enter text. |
| **Number of attempts to date?** | Click here to enter text. |
| **Next Sitting?** *(if applicable)* | Click here to enter a date. |
| **What action has already been taken?** | Click here to enter text. |
| **Further Actions** | Click here to enter text. |

**If the TPD/HoS is making this referral, please tick to confirm that the trainee has been notified that a referral to the PSU has been undertaken.** [ ]

**If you are self-referring, please tick to confirm that your TPD/HoS has been notified that you are making this referral to the PSU.** [ ]

**Signature:**   **Date:**

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