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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.Referrals should be completed with atleast 12 weeks notice prior to the planned exam sitting, by the TPD, Head of School or the Trainee.If there are additional concerns, please ensure the Form 1 and Form 2 are completed. | |

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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**