

CONFIDENTIAL

TRANSFER OF INFORMATION TO FTPD for F2 DOCTORS
COMMENCING AUG 2011

Please complete the form below and pass it to your Foundation Training Programme Director (FTPD) or Educational Supervisor to finalise. The form will then be passed to the FTPD/Clinical Tutor (CT) of your employing Trust at the start of your F2 programme. The purpose of passing information to your next FTPD is to ensure that s/he is aware of any particular support or help you may need during your F2 year. Your current CT/FTPD may provide additional information if relevant. You have the right to know what additional information is being transferred and the right to challenge its accuracy, but not to prevent the information being transferred.

1a. Surname:	
1b. Other names:	
1c. GMC number:	
1d. GMC registration name if different from above:	
1e. Email address for FS correspondence:	
2. Where did you complete your F1 Programme?	
3. When did you commence your F1 Programme?	
4. If your programme was extended, or Full Registration/F1 Sign Off postponed, please give details and dates of any periods of absence (continue overleaf if necessary).	
5. Have you been absent from your F1 Programme due to illness or other reasons? You may wish to give details (optional). (Only details absences of greater than two weeks' duration).	
6. Did you encounter any difficulties with the F1 competences/assessments? Please give details (continue overleaf if necessary).	
7. Did you undertake a taster during F1? If so, please enter details (Trust/specialty).	
8. Is there any further information you feel will help your FTPD to support you in your F2 year? You may wish to include any particular concerns you have about the F2 year (continue overleaf if necessary).	
9. Additional comments from ES/FTPD if necessary (please attach additional information if space insufficient).	
I confirm that the information given in this form is accurate.	Signature of Trainee: Date:
I confirm that the information given in this form is, to the best of my knowledge, accurate.	Name of F1 FTPD/ES: Title: Signature of F1 FTPD/ES: Date:

This form must be returned together with the 5.1 Attainment of F1 Competence Form and A11 as part of the F1 Sign Off process.

A copy of this document will be kept on file in your Foundation School. FTPDs are not authorised to disclose any information included on this form to anyone unless agreed with the Foundation Doctor and will return the form to the Foundation Doctor.