****PSU   
rEFERRAL form

[Select Date]

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name |  | Graduating Medical School |  |
| GMC Number |  | Current Employer |  |
| Home Address |  | Email Address |  |

# Details of Current post

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty |  | Start/End Date |  |
| Programme Level |  | Programme Grade |  |
| Full Time |  | Part Time |  |

# Reason for referral (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Health |  | Adverse Life Events |  |
| Performance |  | Exam Failure |  |
| Misconduct/Professionalism |  | Attitude/Behaviours |  |

# Areas of concern identified

|  |  |
| --- | --- |
|  |  |

# what has already been done

|  |  |
| --- | --- |
|  |  |

# summary of main issues addressed

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Trainee aware of referral? |  |
| Referral to Occupational Health requested? |  |

Please attached if yes.

# Details of referrer

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (incl. title) |  | Surname |  |
| Employer |  | Work Tel No. |  |
| Email Address |  | Position |  |
| Referring Region |  | Name of Associate Postgraduate Dean |  |
| Educational Supervisor |  | Training Programme Director |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  |  | Date |  |