

### LONDON AND THE SOUTH EAST FOUNDATION TRANSFER OF INFORMATION F1 TO F2

This form must be returned to the Postgraduate Centre as part of the F1 sign-off process

Please complete the form below and pass it to your Foundation Training Programme Director (FTPD.) The form will then be passed to the FTPD 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 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.

Name of Foundation School:	<input type="checkbox"/> North Central and East London FS <input type="checkbox"/> North West London FS <input type="checkbox"/> South Thames FS
Trust where you are due to start your F2 post:	
1a. Surname:	
1b. First name/s:	
1c. GMC number:	
1d. Medical School:	
2. What date did you start your F1 programme?	
3. Name of the Trust where you completed your F1 programme:	
4. If your programme was extended, or full registration or F1 sign-off was postponed, please give details and dates of any periods of absence (continue overleaf if necessary):	
5. Please provide details and dates of any periods of absence from F1 greater than 10 days:	
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:
	Length (days):
8. Is there any further information you feel will help your F2 FTPD to support you in your F2 year (health/disability issues)? 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 in particular regarding physical or mental health, any reasonable adjustments put in place, additional educational support given, or concerns over clinical performance.  (Please attach additional information if space is insufficient).	
I confirm that the information given in this form is accurate.	Signature of Foundation Trainee:
	Date:
I confirm that the information given in this form is, to the best of my knowledge, accurate. Name of F1 FTPD:	Signature of F1 FTPD:
	Date:

### Faculty 1: Foundation Healthcare Education Team, London and South East

#### Health Education England

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