General Meeting

Foundation doctor

First name of foundation doctor:*	
Last name of foundation doctor:*	
GMC Number:*	
Training period from:*	
Training period to:*	
Local education provider:*	
Specialty:*	

Meeting details

Date of Meeting:*	

Reason for meeting:*

- ○ Ad hoc meeting
- ○ Adverse ARCP outcome meeting
- ○ ARCP discussion/preparation
- ○ Careers discussion and future plans
- ○ Progress discussion
- ○ Clinical incident follow-up
- ○ Other — If Other (please specify)*:

NOTE: This form should not be used in place of any of the mandatory supervisor meeting/report forms or as an "additional action plan". Before completing this form, please check that there isn't a more appropriate form in the forms list.

Discussion:*

Actions agreed:

Do you want issues raised within this form to be flagged as a concern, requiring follow up review?

○	Yes
○	No

(Once any concerns are addressed then the attention items, created in the doctor's portfolio, can be resolved.)

Name(s) of other attendees:

Completer details

Role:	○	Clinical supervisor
	○	Educational supervisor
	○	Joint educational and clinical supervisor
	○	Academic supervisor
	○	Foundation programme director
	○	Trust/postgraduate centre administrator
	○	Foundation school administrator/manager
	○	Foundation school director
	○	Other

If Other (please specify)*:

Name:*	
GMC No:	
Email:*	

Completer signature:*	
Date:*	