**Transfer of Information (TOI)**

**FAO- Clinical Director of following placement**

# Details OF Doctor or DenTIST In training

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name  |  | GMC number, Specialty & Grade  |  |
| Training Programme Director |  | Current Clinical/ Educational Supervisor name and email address |  |
| Lead Employer Details |  | Current Placement Details |  |
| Clinical Director (or equivalent) of Next Placement |  | Next Placement Details |  |
| Date of TOI  |  | Form completed by  |  |
| **CC** | TPD (if not author)DME / ADME, Trainee, HR, NES Training Programme Team |
| **Reason for TOI (e.g., Health & Wellbeing, Clinical performance, Conduct,**  | GMC restrictions – Yes /No  |
| **GMC restrictions – Yes /No** |  |

# Background information

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# Action plan and oTHER RELEVANT INFORMATION

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| e.g. actions taken (Occupational Health referrals, adjustment made), recommendations. |

Please advise if DDiT has had sight of this completed form and aware it will be shared with next Placement Board Yes/No