

## Initial meeting with educational supervisor

**Please tick which box describes your role:**

- Educational supervisor  
 Joint educational and clinical supervisor

Initial meeting (to take place within three weeks of starting the placement)

<b>Date of meeting:</b>			
<b>Name of foundation doctor:</b>		<b>GMC number:</b>	
<b>Training period From:</b>		<i>To:</i>	
<b>Local education provider:</b>		<b>Specialty:</b>	

It is important that the educational supervisor and the foundation doctor agree a personal development plan (PDP) as part of their initial meeting.

<b>Have you agreed a personal development plan for this placement?</b>	Y    N
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If you have not agreed a PDP, please complete the following:

<i>When will the PDP be agreed?</i>	
<b>Do you want to generate a PDP following completion of this meeting form</b>	Y    N

Please record any comments or notes as discussed and agreed during the meeting:

***Signed by foundation doctor***

***Signed by educational supervisor***

Signature:	Signature:
Name (print):	Name (print):
Date:	Date: