**LNR and Trent Foundation Schools F2 Swaps Request Form 2020**

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|  | **TRAINEE A** | **TRAINEE B** | **TRAINEE C** | If GP swap, state name of GP Practice in the relevant box below |
| **NAME** |  |  |  |
| **email:** |  |  |  |
| **Programme No.** |  |  |  |
| **Name of F1 Trust** |  |  |  |
| **F1 post 1** |  |  |  |
| **F1 post 2** |  |  |  |
| **F1 post 3** |  |  |  |
| **Name of F2 Trust**  |  |  |  |
| **Planned F2 post 1** |  |  |  |  |
| **Planned F2 post 2** |  |  |  |  |
| **Planned F2 post 3** |  |  |  |  |
| **Request swap to:** |   |
| **F2 post 1** |  |  |  |  |
| **F2 post 2** |  |  |  |  |
| **F2 post 3** |  |  |  |  |
| **SIGNATURES** |  |  |  |  |

This form must be signed by *each* trainee involved in this swap request. Please complete the details electronically and sign by hand. Electronic signatures are not accepted. Either scan and email or send via post as detailed in the F2 Swaps Policy at <https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1650>

*For office use only*

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| Approved:Reason if not approved: |