**LNR and Trent Foundation Schools F2 Swaps Request Form 2021**

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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** |  |  |  |  |

Scan and email as detailed in the F2 Swaps Policy at <https://www.eastmidlandsdeanery.nhs.uk/sites/default/files/f2_swaps_terms_conditions.pdf>

*For office use only*

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| Approved:Reason if not approved: |