# Form D1: Dental Trainees

Deans Case Management Referral Form

This form is to be completed by the appropriate Training Programme Director following a trigger incident of a level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form. The completed form is to be forward to the Dental Dean.

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| Trainee Name |  | | | GDC |  |
| Date of Birth |  | Grade/Level |  | Gender |  |
| Specialty |  | | FY2 / CDP |  | |
| Foundation Scheme |  | | | | |
| NTN |  | | Start Date | |  |
| Referral Date |  | | Date of Initial Concern | |  |

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| --- | --- |
| Outcome of previous ARCP / FY sign off | |
| Date | ARCP Outcome / FY Sign Off |
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| Description of issues identified, and action taken |
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| Progress through training to date (ARCP outcomes, career support, significant time out of programme etc.) |
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| Other departments or agencies involved (e.g. Occupational Health, Lead Employer, named contact at NHSE NW etc.) |
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| Have these issues been discussed with the trainee and are they aware of this referral? |
|  |

Please return the completed form to: [england.nwcasemanagement@nhs.net](mailto:england.nwcasemanagement@nhs.net)