

**Work Schedule Review**

**Part 1 (to be completed by person raising a Work Schedule Review)**

**Request for a Level 1 Review**

Name of person requesting a review:

Name of Trainee:

Speciality and Grade:

Name of Educational Supervisor:

Name of Clinical Supervisor:

Date:

Reason for Review:    Safe working practices    Training Issues    Both    **(delete as applicable)**

**Further information as to the reason for the review request:**

Signed .....

Name .....

Position ..... (for example: Trainee/GOSW)

Please send the completed form to Guardian of Safe Working office- [GOSW@bfwhospitals.nhs.uk](mailto:GOSW@bfwhospitals.nhs.uk)