

Work Schedule Review

Request for a Level 3 Review

To be completed by the Trainee

Trainee Name Speciality

Grade/Job Title Date requested

Date of Level 1 Review..... Date of Level 2 Review.....

Please provide details of the areas of the work schedule that you disagree with.

Please also include the outcome that you are seeking.

Please send this form to the Medical Education Team –
postgraduate.education@bfwhospitals.nhs.uk or to Laura Davey, Postgraduate Manager,
Education Centre