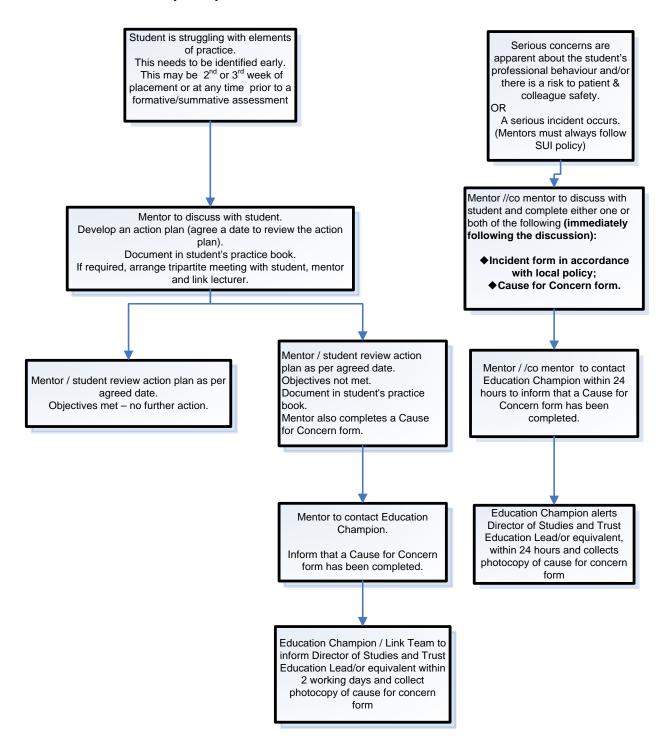


Cause for Concern (CFC)



Cause for Concern This may cover – conduct / behaviour / clinical performance / attitude				
Contact made by:	Date:	Date:		
Name:	Name of Pla	Name of Placement Provider/Trust:		
Position:				
Tel:	 Clinical Area	ı:		
E-mail:				
Mentor Details (if different to abo	ve) Student De	ails:		
Name:	Name:			
Tel:	Cohort:	Course:		
Cause for Concern Summary: (This form MUST be submitted with supportive evidence i.e. copy of student formative/summative feedback on their poor performance)				
Actions Taken to date: (This form MUST be submitted with examples of actions taken. Unless it is a SUI there is an expectation the student has received verbal/written feedback on performance /Action plan/discussion with Mentor/ Education champion/Evidence of mentor working together)				
MENTOR: on completion please contact the following:				
Education Champion Name:	Contacted: YES/NO	Method of Contact:	Date:	
Ward Manager/Team Leader Name:	Contacted: YES/NO	Method of Contact:	Date:	
Trust/Organisation Education Lead/or equivalent Name:	Contacted: YES/NO	Method of Contact:	Date:	
EDUCATION CHAMPION: On receiving this form please contact the following: (If the concern is related to sickness/absence this form should be given to the Course Leader for investigation. If necessary, following investigation, the Director of Studies and Course Group Leader should be provided with this detail)				
Course Leader Name: (for sickness/absence)	Contacted: YES/NO	Method of Contact:	Date:	
Link Team Member Name:	Contacted: YES/NO	Method of Contact:	Date:	
Trust/Organisation Education Lead:	Contacted: YES/NO	Method of Contact:	Date:	
Personal Tutor Name:	Contacted: YES/NO	Method of Contact:	Date:	
Course Group Leader	Contacted: YES/NO	Method of Contact:	Date:	
Director of Studies Name:	Contacted: YES/NO	Method of Contact:	Date:	

Adapted from Fitness to Practice Guidelines for Mentors in Practice (NHS East of England SHA)

Mentor to ensure photocopy of this form and supporting evidence is given to Education Champion / Link Team

Lack of supporting evidence will result in this form being returned.