NHS
Health Education England

Psychiatry Central ARCP Panel Referral Form

Training Speciality / Local panel date:
Completed by:
Date completed:

Trainee Name	Training Grade	WTE (at time of local panel)	Training Specialty (Please specify if academic or dual training)	Anticipated Outcome (ARCP 2, 3 or 4)	Referral Reason(s): with reference to generic professional capabilities and ILOs	Does this trainee need to attend a specific panel date?