

**Newcastle Hospitals NHS Trust
Accident & Emergency Department**

Shift Change Notification Form

Name (Dr 1).....

Grade.....

My Shift(s)	From	Start Time.....	
	On.	Day	Date
	To	End Time.....	
	On.	Day	Date

Will now be performed by (Dr. 2)

Signed (Dr 1)..... **Date**.....

Signed (Dr 2)..... **Date**.....

For NJF Use Only

Approved

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Approval letter sent to BOTH Drs

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Relevant Duty Rota Updated

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