**Acting Up to Consultant: Application Form**

* *Doctors and dentists in training must read the HEE YH Acting Up to Consultant Guidance prior to completing and submitting this form.*
* *Doctors and dentists in training must complete all sections of this form prior to submission to HEE, including signatures of support, collecting written evidence, etc.*
* *Completed form to be emailed to the relevant HEE YH School mailbox:*

*Anaesthesia –* *anaesthetics.yh@hee.nhs.uk*

*Dental –* *Dentalsupport.yh@hee.nhs.uk*

*Emergency Medicine –* *emsupport.yh@hee.nhs.uk*

*Medicine –* *Medicine.YH@hee.nhs.uk*

*Obstetrics and Gynaecology –* *oandg.yh@hee.nhs.uk*

*Ophthalmology –* *ophthalmology.yh@hee.nhs.uk*

*Paediatrics –* *paediatricsupport.yh@hee.nhs.uk*

*Pathology –* *pathology.yh@hee.nhs.uk*

*Psychiatry –* *psychiatry.yh@hee.nhs.uk*

*Public Health –* *publichealth.yh@hee.nhs.uk*

*Radiology –* *radiology.yh@hee.nhs.uk*

*Surgery –* *surgery.yh@hee.nhs.uk*

**Section A: Trainee Information**

|  |  |
| --- | --- |
| Surname  | Forename |
|   |   |
| Training Programme | GMC/GDC number  | Mobile No  |
|   |   |   |
| Current training post  |
|   |  |
| Address of current training post  |
|   |  |
| Current employer (if different to above)  |
|   |  |
| Current email address (for contact regarding the application)  |   |
| Email address for contact whilst acting up (if approved). *It is essential that you provide us with an email that will allow us to contact you whilst acting up.*  |   |
| Please confirm that you will be in your last year of training at commencement of the acting up post. *Applications without confirmation that doctors/dentists in training are in their final training year will be rejected.* | Yes / No  | CCT/CCST date  |   |
| Current ARCP outcome  |  |

**Section B: Acting Up Post Information**

|  |  |
| --- | --- |
| Is the acting up post with the same Local Education Provider (e.g. Trust) in which you are currently based? *Applications which answer ‘no’ will not be accepted.*  | Yes / No  |
| Title of acting up post  |  |
| Proposed dates | From: To: |
| Location of acting up (full address) |   |
| Supervising consultant whilst acting up  |   | Email address of Consultant |   |
| Structure of planned acting up post. *Where possible a timetable should be provided.*  |
|   |

**Section C: Trainee Declaration**

|  |  |
| --- | --- |
|  | **Yes/No or Not Applicable** |
| I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application.  |  |
| I have completed all relevant parts of the form and, to my knowledge, all information is correct. |   |
| I have adhered to all guidance and provide evidence attached that the local education provider/Trusts affected are aware and supportive of this acting up and proposed timescales (losing Trust, gaining Trust and employer where this is not the same).  |   |
| I have obtained approval from HR/budget holder (section E) to confirm that all associated costs for the acting up are payable by the gaining organisation.  |   |
| I understand that I must not begin acting up until I have approval from HEE.  |   |
| I am aware that I cannot act up without supervision being in place and I have included details of my supervisory arrangements in section B. |   |
| I provide evidence of College approval (where applicable). |   |
| I provide evidence of GMC/GDC approval (where applicable). |   |
| Where you have been unable to tick any of the above boxes, please explain why in the field below.  |
|     |
| Trainee Name  |   | Date  |   |
| Trainee Signature  |   |

**Section D: Training Programme Director Declaration**

|  |  |
| --- | --- |
|  | **Yes/No or Not Applicable** |
| I can confirm that the Trainee is meeting all educational requirements, and this application is appropriate. I support the approval of this acting up period.  |   |
| I can confirm that the relevant trust(s) are aware of and have endorsed the acting up post.  |   |
| The Trainee will remain in their current post until the application receives HEE approval.  |   |
| Where you have been unable to tick any of the above boxes, please explain why in the field below.  |
|   |
| Training Programme Director Name  |   | Date  |   |
| Training Programme Director Signature  |   |

**Section E: Local Education Provider HR or Designated Budget Holder Authorisation (for the gaining organisation) Declaration**

|  |  |
| --- | --- |
|  | **Yes/No or Not Applicable** |
| I can confirm that the receiving organisation will fund all costs relating to the acting up position (this includes, but is not an exhaustive list, salary, travel and out of hours).  |   |
| I can confirm that the receiving organisation has endorsed the application.  |   |
| I can confirm the Trainee will remain in their current post until the application receives HEE approval.  |   |
| Where you have been unable to tick any of the above boxes, please explain why in the field below.  |
|   |
| LEP HR/Budget Holder Name (or nominated Deputy)  |   | Date  |   |
| LEP HR/Budget Holder Signature (or nominated Deputy)  |   |

 **Section F: Postgraduate Dean (or nominated Deputy) Decision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the acting up approved or declined?  | Approved *Please see conditions on support section below and complete if relevant*  |  [ ]  | Declined *Please explain reasons fully below*  | [ ]  |
| Are there any conditions on the approval? *This may be proposed dates to be changed to fit with rotational changeover. If none, please write n/a.*  |
|  |
| If you have declined the application, you must complete the section below giving full reasons for your decision.  |
|  |
| Name of Postgraduate Dean  |   | Date  |   |
| Signature  |   |

**For office use only**

|  |  |  |
| --- | --- | --- |
| **To be completed by HEE YH Programme Support Team** | **Yes / No**  | **Date**  |
| Complete application received  |   |   |
| Evidence of LEP/Trust(s) agreement(s) provided  |   |   |
| Postgraduate Dean/Postgraduate Dental Dean (or Deputy) approval granted  |   |   |
| Details added to HEE Trainee Information Systems (TIS) – where approved |  |  |
| Rotation grid updated – where approved |  |  |
| All correspondence saved to Trainee file |  |  |
| Copy of completed form and covering letter sent to: * Doctor/Dentist in training
* Local Education Provider in which the Acting Up will take place
* Employer (if different from the above)
* Training Programme Director
 |   |   |