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| **Speciality Training – Application for Unpaid Leave to go Out of Programme – Experience/ Training/ Career Break (OOPE/T/C)** |

Guidance Notes on making an OOP application are available on the HEE YH website and should be read prior to making an application. **APPLICATIONS TO BE SUBMITTED 6 MONTHS PRIOR TO OOP START DATE**

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| **PART A – Trainee Details to be completed by applicant** | | | | |
| **Full Name:** |  | | | |
| **Date of Birth:** |  | | **GMC No.:** |  |
| **Specialty:** |  | | **NTN:** |  |
| **CCT Date:** |  | | **Year of Training:** |  |
| Date of Last ARCP |  | | **Outcome of last ARCP** |  |
| **Address:** |  | | | |
| **Postcode:** |  | | **Email:** |  |
| **Male /Female** |  | | **Part Time/Full Time OOP** |  |
| **Name of Employer**  *(eg Leeds Teaching Hospitals Trust)* | |  | | |

*Please note OOPT applications will be forwarded to GMC. GMC will keep a record of your details on their system in order to link this to applications for Certification of Completion of Training (CCT)*

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| **PART B – Out Of Programme Details to be completed by applicant** | | | | | | | | |
| **Purpose:** | | | OOPC  OOPE  OOPT  *(tick one only - please refer to guidance notes 2.1 – 2.4 for definitions)* | | | | | |
| **Post Title:** | | |  | | | | | |
| **Name and Address of Hospital / Institution:** | | | | |  | | | |
|  | | | | |  | | | |
| DATES OF PROPOSED TIME OUT OF PROGRAMME *(exact dates eg 01/01/2014)* | | | | | | | | |
| **From:** | |  | | | | **To:** |  | |
| **Name of Clinical Supervisor:** | | | |  | | | | |
| **Name of Educational Supervisor** | | | |  | | | | |
| **Source of funding:** | | | |  | | | | |
| **How many months/year of OOP time will be counted towards training If none please give reason.** | | | |  | | | | |
| **Supporting Documentation**  The following documentation **MUST** accompany **ALL** applications: -   1. A statement of your aims and objectives in going out of programme. NOTE: this is your personal aims and objectives, not the research proposal 2. A job description and / or brief outline of the structure of the OOP which should include a weekly timetable and confirmation of any out-of-hours duties. 3. Letter of support and recommendation for the amount of time to count towards CCT from the Royal College or Faculty *(OOPT only)* 4. A covering letter explaining why out of programme time is not to count towards CCT. (OOPE);   **Applications submitted without appropriate documentation will NOT be considered** | | | | | | | | |
|  | **Please sign:**  I confirm that the information provided above is correct. I have read and agree to the terms and conditions outlined in the guidance notes. I have also read the HEE YH Return to Training document and will ensure that I adhere to its content.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |

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| **PART C – Training Programme Director Support** | | | | |
| Can you confirm there is capacity of the programme to allow the trainee to go on OOP **Yes / No**  Can you confirm satisfactory progression of trainee to go on OOP **Yes / No**  If no, please give reason:  **Please complete the questions below as appropriate;** | | | | |
| 1 | Has the trainee provided a job description / brief outline of the OOP and weekly timetable which you have reviewed and discussed with them? | | **Yes / No** | |
| 2 | Will the host organisation provide an appropriate induction programme? | | **Yes / No** | |
| 3 | Are you satisfied with the proposed level of supervision? | | **Yes / No** | |
| 4 | Will the OOP provide appropriate education opportunities for the trainee? | | **Yes / No** | |
| 5 | Are you satisfied that the proposal meets the curriculum requirements for training towards CCT? | | **Yes / No** | |
| 6 | Can you confirm that this training experience is appropriate for this trainee at this stage? | | **Yes / No** | |
| 7 | Is the proposed start date acceptable? *(If no please state your recommendations.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | **Yes / No** | |
| 8 | Is the trainee aware of the need for an ARCP during the period of OOP? | | **Yes / No** | |
| 9 | I note the responsibilities of the Educational Supervisor in the trainee return to work process | | **Yes / No** | |
| \***Supported / Not Supported** *\*delete as appropriate*  Programme Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Name (BLOCK CAPITALS): | |  | |  |
| Email or telephone contact: | |  | |  |

**IMPORTANT – FOR JRCPTB applications:**

**Can you confirm if you have filled out the Royal College OOP application form and submitted to them: Yes / No**

Please return this form and supporting documentation to the appropriate Health Education England locality office

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| **PART D – Postgraduate Dean’s Approval** | | | | | |
| \***Approved / Not Approved** *\*delete as appropriate*  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Comments :- (if applicable)** | | | | | |
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| **PART E – HEE YH Personnel** | | | | | |
| HEE YH Database Updated: |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |