JRCPTB

**Joint Royal Colleges of Physicians Training Board**

**5 St Andrews Place Telephone (020) 7935 1174**

**Regent’s Park Facsimile (020) 7486 4160**

**London NW1 4LB web www.jrcptb.org.uk**

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| **Out of Programme Application Form –** |
| ***Reason for Out Of Programme Period – Please tick only ONE:*** |
| **Research**  | **Clinical Training**  |

Current Training Placement

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| **Full Name of Trainee (please print)** | **GMC number:** **NTN/VTN:** |
| **Deanery** | Educational Supervisor Name |

Out of Programme Placement

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| **Country of OOP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Institution of OOP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of OOP Supervisor in Location of OOP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Brief summary of Research/ Training*****Please continue on a separate sheet if necessary*****Clinical Involvement (year by year) ie number/types of clinics & on-call if any*****Please continue on a separate sheet if necessary*** |
| Full-time/ part-time(***if part-time indicate weekly sessional commitment)*** | Start Date OOP DD/MM/YY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | End Date OOP DD/MM/YY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome of training** (if applicable, eg MD, PhD, ICM Training) |

***Please REMEMBER to include your CV with the application to the JRCPTB***

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| *Please tick as appropriate –** I request that the period of clinical training outlined above **should/should not** (*delete as appropriate*) be taken into account in the determination of my expected completion of training date
* I am seeking a total of \_\_\_ months credit (maximum 12 months)
* I confirm that I have sought the permission of the Regional Postgraduate Deanery to spend time out of programme.

**Signature of Trainee** Date |