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 |