**Out of Programme: Application and Extension Form**

* *Doctors and dentists in training must read the HEE YH Out of Programme 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*

*Foundation –* *foundation.yh@hee.nhs.uk*

*General Practice –* *gpplacements.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 |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
| Training Programme | GMC/GDC number  | Mobile No  |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Are you a Tier 2/4/Skilled Worker Visa Holder?  | Choose an item.*Please note, you are responsible for ensuring your application complies with immigration regulations and guidance and must inform the overseas sponsorship team of your application.*  |
| Current ARCP Outcome | Current Programme End Date |
|  Choose an item. |  Click or tap to enter a date. |
| Current training post  |
|  Click or tap here to enter text. |
| Grade at time of application: |
| Click or tap here to enter text. |
| Address of current training post  |
|  Click or tap here to enter text. |  |
| Current employer (if different to above)  |
|  Click or tap here to enter text. |  |
| Current email address (for contact regarding the application)  |  Click or tap here to enter text. |
| Email address for contact during OOP (if approved). *It is essential that you provide us with an email that will allow us to contact you whilst Out of Programme.*  | Click or tap here to enter text. |
| If you have taken any other period(s) of OOP during this training programme, please provide details. (*Include dates and type of OOP)* | Click or tap here to enter text. |

**Section B: OOP Information**

|  |  |
| --- | --- |
| Type of OOP | Choose an item. |
| Title of OOP Post *(not required for OOPC or OOPP)*  | Click or tap here to enter text. |
| Proposed dates*If you are applying with less than 6 months’ notice (or 3 months for OOPP), please note you are required to submit a statement confirming the reason(s) for the delay.* | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| Location of OOP placement where applicable *(full address)* |  Click or tap here to enter text. |
| Where applicable, state how much time you intend to be counted towards training  | Click or tap here to enter text. |
| Name of Current Clinical Supervisor  |  Click or tap here to enter text. | Email address of Clinical Supervisor |  Click or tap here to enter text. |
| Name of Current Educational Supervisor  |  Click or tap here to enter text. | Email address of Educational Supervisor |  Click or tap here to enter text. |

**Section C: Training Programme Director Declaration**

|  |  |
| --- | --- |
| **Declaration** | **Yes/No or N/A** |
| I can confirm that the Trainee is meeting all educational requirements, and this application is appropriate. I support the approval of this application.  |   |
| The Trainee will remain in their current post until the application receives HEE approval.  |   |
| I am aware of the Trainee’s anticipated return date (following OOP) and have planned the training programme placements accordingly.  |  |
| 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 D: Trainee Declaration**

|  |  |
| --- | --- |
| **Declaration:** |  |
| I have completed all relevant parts of the form and, to my knowledge, all information is correct. | Choose an item. |
| I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application.  | Choose an item. |
| I have obtained the approval/signature of my Training Programme Director above (section C) | Choose an item. |
| I understand that I must not begin my OOP post until I have approval from HEE.  | Choose an item. |
| I have contacted the HEE YH Sponsorship team to discuss the impact of my OOP upon my visa (where relevant).  | Choose an item. |
| I understand that where the notice period is less than 6 months, I must liaise with my employer to agree the end date of my employment contract to enable the start of my OOP. I recognise that HEE approval and approval from my employer are two separate processes/discussions, for which I am fully responsible for, and that my employer may insist on my full notice period being served | Choose an item. |

**Section E: Supporting Information Checklist**

|  |  |
| --- | --- |
| **Supporting Information:**  |  |
| **All applications**: I have provided a statement of aims and objectives to support my OOP application. *NOTE: these are your personal aims and objectives, not the research proposal. This should include such information as why the period of OOP is important to you, how it will improve/impact upon your training/future practice, and your long-term plans.* | Choose an item. |
| I have provided proof of funding and appointment for the OOP opportunity (OOPE, OOPR, OOPT only) | Choose an item. |
| I have provided a statement outlining why my application has not met the 6-month deadline. | Choose an item. |
| I have provided evidence of College approval (OOPR, OOPT only, where relevant) | Choose an item. |
| I have provided a copy of the research proposal (OOPR only, where applicable). | Choose an item. |
| I have provided a statement explaining why I am requesting a career break (OOPC only) | Choose an item. |
| I have provided a job description and/or brief outline of the structure of the OOP which includes a weekly timetable and confirmation of any out-of-hours duties (OOPE, OOPR, OOPT only). | Choose an item. |
| **NOTE: if you do not include the above supporting information, your application will be returned and will not be reviewed by the Postgraduate Dean until this is received.** |
| Trainee Name  | Click or tap here to enter text. | Date  |  Click or tap to enter a date. |
| Trainee Signature  |   |

**Section E: Postgraduate Dean/Dental Dean (or Associate Dean) Decision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the OOP 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** |  | **Date**  |
| Complete application received (including all supporting information as listed below) | [ ]  |   |
| *Statement of aims and objectives (all applications)* | [ ]  |  |
| *Proof of funding and appointment (OOPE, OOPR, OOPT only)* | [ ]  |  |
| *Statement explaining late application (where relevant)* | [ ]  |  |
| *College approval (OOPR, OOPT only and where required prior to PG Dean approval)* | [ ]  |  |
| *Research approval (OOPR only)* | [ ]  |  |
| *Statement explaining why requesting a career break (OOPC only)* | [ ]  |  |
| *Job description and timetable (OOPE, OOPR, OOPT only)* | [ ]  |  |
| Application returned to trainee with request for missing information | [ ]  |  |
| Application logged on OOP Tracker (NOTE: do not log an application until all relevant supporting information is received) | [ ]  |  |
| Eligibility checked with the HEE YH Sponsorship Team (where applicable) | [ ]  |  |
| Associate Dean approval granted  | [ ]  |   |
| Trainee notified of outcome | [ ]  |  |
| 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 (current placement provider)*
* *Employer (if different from the above)*
* *Training Programme Director*
* *Sponsorship team (where applicable)*
* *Revalidation Team (where applicable)*
* *Workforce Information and Contracts Team*
 | [ ]  |   |
| College/GMC Approval received from the Trainee (where applicable) | [ ]  |  |