**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*](mailto:anaesthetics.yh@hee.nhs.uk)

*Dental –* [*Dentalsupport.yh@hee.nhs.uk*](mailto:Dentalsupport.yh@hee.nhs.uk)

*Emergency Medicine –* [*emsupport.yh@hee.nhs.uk*](mailto:emsupport.yh@hee.nhs.uk)

*Foundation –* [*foundation.yh@hee.nhs.uk*](mailto:foundation.yh@hee.nhs.uk)

*General Practice –* [*gpeast.yh@hee.nhs.uk*](mailto:gpeast.yh@hee.nhs.uk)*;* [*gpsouth.yh@hee.nhs.uk*](mailto:gpsouth.yh@hee.nhs.uk)*;* [*gpwest.yh@hee.nhs.uk*](mailto:gpwest.yh@hee.nhs.uk)

*Medicine –* [*Medicine.YH@hee.nhs.uk*](mailto:Medicine.YH@hee.nhs.uk)

*Obstetrics and Gynaecology –* [*oandg.yh@hee.nhs.uk*](mailto:oandg.yh@hee.nhs.uk)

*Ophthalmology –* [*ophthalmology.yh@hee.nhs.uk*](mailto:ophthalmology.yh@hee.nhs.uk)

*Paediatrics –* [*paediatricsupport.yh@hee.nhs.uk*](mailto:paediatricsupport.yh@hee.nhs.uk)

*Pathology –* [*pathology.yh@hee.nhs.uk*](mailto:pathology.yh@hee.nhs.uk)

*Psychiatry –* [*psychiatry.yh@hee.nhs.uk*](mailto:psychiatry.yh@hee.nhs.uk)

*Public Health –* [*publichealth.yh@hee.nhs.uk*](mailto:publichealth.yh@hee.nhs.uk)

*Radiology –* [*radiology.yh@hee.nhs.uk*](mailto:radiology.yh@hee.nhs.uk)

*Surgery –* [*surgery.yh@hee.nhs.uk*](mailto: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 Visa Holder? | Choose an item.  *You are responsible for ensuring that your application complies with immigration regulations and guidance.* | | |
| 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. | |  | |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purpose 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), you are required to submit a covering letter 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: Trainee Declaration and Supporting Information Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 understand that I must not begin my OOP post until I have approval from HEE. | | | | 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 | | | |  |
| **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.* | | | | Choose an item. |
| OOPE, OOPR, OOPT: I have provided proof of funding for the OOP opportunity. | | | | Choose an item. |
| OOPR, OOPT: I have provided evidence of College approval. | | | | Choose an item. |
| OOPR where applicable: I have provided a copy of the research proposal. | | | | Choose an item. |
| OOPE, OOPR, OOPT: 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. | | | | Choose an item. |
| Where you have been unable to tick any of the above boxes, please explain why in the field below. | | | | |
| Click or tap here to enter text. | | | | |
| Trainee Name | Click or tap here to enter text. | Date | Click or tap to enter a date. | |
| Trainee Signature |  | | | |

**Section D: Training Programme Director Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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 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 supporting documents) |  |  |
| Covering letter provided by Trainee (where less than 6 months’ notice, 3 months’ for OOPP Pilot) |  |  |
| Checked eligibility with the Tier 2/4 Team (where applicable) |  |  |
| Proof of OOP placement details (not applicable for OOPC or OOPP) |  |  |
| 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 * Tier 2/4 (where applicable) * Revalidation Team (where applicable) * Workforce Information and Contracts Team |  |  |
| College/GMC Approval received from the Trainee (where applicable) |  |  |