**Out of Programme: Application 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 –* *gpeast.yh@hee.nhs.uk**;* *gpsouth.yh@hee.nhs.uk**;* *gpwest.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 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 Clinical Supervisor  |  Click or tap here to enter text. | Email address of Clinical Supervisor |  Click or tap here to enter text. |

**Section C: Trainee Declaration**

|  |  |
| --- | --- |
|  |  |
| I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application.  | Choose an item. |
| I have completed all relevant parts of the form and, to my knowledge, all information is correct. |  Choose an item. |
| I have provided proof of funding (where applicable) |  |
| I understand that I must not begin my OOP post until I have approval from HEE.  | Choose an item. |
| I have provided evidence of College approval (where applicable). | Choose an item. |
| I have provided evidence of GMC/GDC approval (where applicable). | 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**

|  |  |
| --- | --- |
|  | **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 F: 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  | [ ]  |   |
| 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) | [ ]  |  |