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| **Speciality Training – Application for Unpaid Leave to go Out of Programme – Experience/ Training/ Career Break (OOPE/T/C)** |

Guidance Notes on making an OOP application are available on the HEE YH website and should be read prior to making an application. **APPLICATIONS TO BE SUBMITTED 6 MONTHS PRIOR TO OOP START DATE**

Please note NIHR funded integrated academic trainees, will lose their NIHR funding on return from OOP and will be expected to continue in specialty training.

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| **PART A – Trainee Details to be completed by applicant** |
| **Full Name:** |       |
| **Date of Birth:** |       | **GMC No.:** |       |
| **Specialty:** |       | **NTN:** |       |
| **CCT Date:** |       | **Year of Training:** |       |
| Date of Last ARCP |       | **Outcome of last ARCP** |       |
| **Address:** |       |
| **Postcode:** |       | **Email:** |       |
| **Male /Female** |       | **Part Time/Full Time OOP**  |  |
| **Name of Employer***(eg Leeds Teaching Hospitals Trust)* |       |

*Please note OOPT applications will be forwarded to GMC. GMC will keep a record of your details on their system in order to link this to applications for Certification of Completion of Training (CCT)*

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| **PART B – Out Of Programme Details to be completed by applicant** |
| **Purpose:** | OOPC [ ]  OOPE [ ]  OOPT [ ]  *(tick one only - please refer to guidance notes 2.1 – 2.4 for definitions)* |
| **Post Title:** |       |
| **Name and Address of Hospital / Institution:** |       |
|  |       |
| DATES OF PROPOSED TIME OUT OF PROGRAMME *(exact dates eg 01/01/2014)* |
| **From:** |       | **To:** |       |
| **Name of Clinical Supervisor:** |       |
| **Name of Educational Supervisor** |       |
| **Source of funding:** |       |
| **How many months/ years of OOP time will be counted towards training If none please give reason.** |  |
| **Supporting Documentation**The following documentation **MUST** accompany **ALL** applications: -1. A statement of your aims and objectives in going out of programme. NOTE: this is your personal aims and objectives, not the research proposal
2. A job description and / or brief outline of the structure of the OOP which should include a weekly timetable and confirmation of any out-of-hours duties.
3. Letter of support and recommendation for the amount of time to count towards CCT from the Royal College or Faculty *(OOPT only)*
4. A covering letter explaining why out of programme time is not to count towards CCT. (OOPE);

**Applications submitted without appropriate documentation will NOT be considered** |
|  | **Please sign:**I confirm that the information provided above is correct. I have read and agree to the terms and conditions outlined in the guidance notes. I have also read the HEE YH Return to Training document and will ensure that I adhere to its content.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **PART C – Training Programme Director Support** |
| Can you confirm there is capacity of the programme to allow the trainee to go on OOP **Yes / No**Can you confirm satisfactory progression of trainee to go on OOP **Yes / No**If no, please give reason:**Please complete the questions below as appropriate;** |
| 1 | Has the trainee provided a job description / brief outline of the OOP and weekly timetable which you have reviewed and discussed with them? | **Yes / No** |
| 2 | Will the host organisation provide an appropriate induction programme? | **Yes / No** |
| 3 | Are you satisfied with the proposed level of supervision? | **Yes / No** |
| 4 | Will the OOP provide appropriate education opportunities for the trainee? | **Yes / No** |
| 5 | Are you satisfied that the proposal meets the curriculum requirements for training towards CCT? | **Yes / No** |
| 6 | Can you confirm that this training experience is appropriate for this trainee at this stage? | **Yes / No** |
| 7 | Is the proposed start date acceptable? *(If no please state your recommendations.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | **Yes / No** |
| 8  | Is the trainee aware of the need for an ARCP during the period of OOP? | **Yes / No** |
| 9  | I note the responsibilities of the Educational Supervisor in the trainee return to work process  | **Yes / No** |
| \***Supported / Not Supported** *\*delete as appropriate*Programme Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_ |
| Name (BLOCK CAPITALS): |       |  |
| Email or telephone contact: |  |  |

**IMPORTANT – FOR JRCPTB applications:**

**Can you confirm if you have filled out the Royal College OOP application form and submitted to them: Yes / No**

Please return this form and supporting documentation to the appropriate Health Education England locality office

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| **PART D – Postgraduate Dean’s Approval** |
| \***Approved / Not Approved** *\*delete as appropriate*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Comments: - (if applicable)**  |
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| **PART E – HEE YH Personnel** |
| HEE YH Database Updated: | [ ]  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |