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| **Speciality Training – Application for Unpaid Leave to go Out of Programme – Research (OOPR)** |

Guidance Notes on making an OOP application are available on the HEE YH website and should be read prior to making an application.

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

 **APPLICATIONS TO BE SUBMITTED 6 MONTHS PRIOR TO OOP START DATE**

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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 ARPC** |       |
| **Address:** |       |
| **Postcode:** |       | **Email:** |       |
| **Male /Female** |       | **Part Time/Full Time OOP**  |  |
| **Name of Employer***(eg Leeds Teaching Hospitals Trust)* |       |

*Please note OOPR 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:** | OOPR [ ]   |
| **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 or Research Supervisor:** |       |
| **Name of Academic Educational Supervisor** |       |
| **How many months/year of OOP time will be counted towards training (f 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. A protocol for the Research to be undertaken
4. Evidence of Ethics approval & a funding source for the project (or evidence of application where this is not yet secured)
5. Letter of support and recommendation for the amount of time to count towards CCT from the Royal College or Faculty
6. Confirmation of higher qualification to be applied for, or already enrolled.

**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 research 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 Yorkshire and the Humber Postgraduate Deanery 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 – HEYH Personnel** |
| HEE YH Database Updated: | [ ]  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Project information** |  |
| Project title |  |
| Project outline  | BackgroundObjectivesNoveltyTimeliness |
| Publications planned from this period of OOPR |  |
| Has ethics approval and funding been obtained? |  |
| Higher degree planned during this period of OOPR (for 2-3 year applications) |  |
| **Supervisor information** |  |
| Key relevant publications from supervisors (last 5 years, up to a max of 4) |  |
| Supervisors’ current numbers of PhD/MD students (For co-supervisors state as a FTE e.g. If your supervisor and a colleague supervise a student together express as 0.5) |  |