****

|  |
| --- |
| **Specialty Trainee** **Application to Change Out of Programme (OOP) Period** |

|  |
| --- |
| **PART A – Trainee Details** *(to be completed by applicant)* |
| **Name:** |       | **NTN:** |       |
| **GMC No:** |       | **CCT Date:** |       |
| **PART B – Out Of Programme Details to be completed by applicant** |
| **Purpose:** | OOPC [ ]  OOPE [ ]  OOPR [ ]  OOPT [ ]  *(tick one only)* |
| **Post Title:** |       |
| **Location:** |       |
| DATES OF ATTACHMENT **previously agreed** |
| **From:** |       | **To:** |       |
| **Proposed new end date:** |       |
| I confirm that the above information is correct and I have attached the necessary supporting documentation: [ ]  Case letter outlining reason(s) for extension / curtailment[ ]  Letter in support of extension / curtailment from Clinical/Research Supervisor[ ]  Letter of support from Royal College / Faculty (*extensions of OOPT/R only*)Trainee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART C – Training Programme Director’s Support** |
| I confirm that:-1. The application has been discussed with the trainee
2. Report from Clinical/Research Supervisor has been considered.

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