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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |