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| GP Speciality Training – Application for Unpaid Leave to go Out of Programme (OOP) |

Forms are also available on the HEYH website www.yorksandhumberdeanery.nhs.uk

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

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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:** | | |  | | |
| **Address:** | | | |  | | | | | | | | | |
| **Postcode:** | | | |  | | | | **Email:** | | |  | | |
| **Ed. Supervisor:** | | | |  | | | | **ES’s Email:** | | |  | | |
| **PART B – Out Of Programme Details to be completed by applicant** | | | | | | | | | | | | | | |
| **Purpose:** | | | | OOPC  OOPE  OOPR | | | | | | | | | | |
| **Post Title:**  **(if applicable)** | | | |  | | | | | | | | | | |
| **Name and Address of Hospital / Institution:** | | | | | |  | | | | | | | | |
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| **DATES OF PROPOSED TIME OUT OF PROGRAMME**  **(OR PROPOSED EXTENSION/CURTAILMENT IF APPLICABLE)** | | | | | | | | | | | | | | |
| **From:** | |  | | | | | **To:** | |  | | | | | |
| **Source of funding:** | | | | |  | | | | | | | | | |
| **Supporting Documentation**  **The following documentation MUST accompany your application: -**   1. **A statement of your aims and objectives in going out of programme. NOTE: this is your personal aims and objectives** 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 (if applicable).** 3. **A protocol for the Research to be undertaken (if applicable).** 4. **Reasons for the request in the extension/curtailment of OOP period if applicable**   **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.** | | | | | | | | | | | |  | |
|  | **Signed** | |  | | | | | | | **Date** | |  |  | |
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| **PART C – Training Programme Director Support** | | | | | | | | |
| **Please complete the questions below as appropriate;** | | | | | | | | |
| **1** | **Has the trainee provided a job description / brief outline of the OOP which you have reviewed and discussed with them?** | | | | | **Yes / No** | | |
| **2** | **Will the OOP provide appropriate education opportunities for the trainee?** | | | | | **Yes / No** | | |
| **3** | **Is the trainee currently making satisfactory progress in their training?** | | | | | **Yes / No** | | |
| **4** | **Are you satisfied that the OOP (or changes thereof) can be accommodated without unreasonable detriment to the service rotas** | | | | | **Yes / No** | | |
| **5** | **Are the proposed start/finish dates acceptable? (If no please state your recommendations.)** | | | | | **Yes / No** | | |
| **\*Supported / Not Supported \*delete as appropriate** | | | | | | | | |
| **Programme Director’s Signature:** | | |  | **Date:** |  | |  | |
|  | | | | | | | | |
| **Name (BLOCK CAPITALS):** | |  | | | | | |  |
| **Email or telephone contact:** | |  | | | | | |  |
|  | | | | | | | | |
| **PART D – OOP Panel Approval** | | | | | | | | |
| **\*Approved / Not Approved \*delete as appropriate** | | | | | | | | |
| **Panel Chair/ GP Director/Deputy Signature:** | | |  | **Date:** |  | |  | |
|  | | | | | | | | |
| **Comments:** | | | | | | | | |

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| **PART E – GP Director Approval** | | | | | | | | | | | |
| **\*Approved / Not Approved \*delete as appropriate** | | | | | | | | | | | |
| **GP Director/Deputy Signature:** | | | |  | | | | **Date:** |  |  | |
|  | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | |
| **PART F – General Practice Programme Support Staff** | | | | | | | | | | | |
| **Intrepid Updated:** |  | **Date:** |  | |  | **TPD informed (TPD to liaise with employer(s)):** |  | **Date:** |  | |  |
|  | | | |  | | | |

**Please return this form and supporting documentation to:**

**Trainees in West Yorkshire:**

Joan Horsfield at General Practice, Leeds Office, Health Education Yorkshire and the Humber, Willow Terrace Road, University of Leeds, Leeds LS2 9JT

**Trainees in N & E Yorkshire and Northern Lincolnshire:**

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