**Out of Programme application form Page 1 of 2**

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| --- | --- | --- | --- | --- |
| * This form **must** be accompanied by the following supporting documentation   **Included:**   |  |  | | --- | --- | | **Deanery/LETB paperwork** | **CV** | | **Job description/research proposal** |  |  * This form **must** be submitted to the JRCPTB at least **8 weeks** prior to the start date of your OOP * Applications received with less than 8 weeks’ notice will **not** be considered for training credit |

**Reason for Out Of Programme Period – Tick only ONE**

|  |  |
| --- | --- |
| **Research** | **Clinical Training** |

**Current Training Placement**

|  |  |
| --- | --- |
| **Full Name of Trainee (please print)** | **GMC number** |
| **National Training Number** |
| **Deanery/LETB** | **Educational Supervisor Name** |

**Out of Programme Placement**

|  |  |
| --- | --- |
| **Country of OOP** | **Name of OOP Supervisor in Location of OOP** |
| **Institution of OOP** |
| **Brief summary of Research/ Training** *(Continue on a separate sheet if necessary)* | |
| **Clinical Involvement (year by year)** ie specific number/ types of clinics if any – please note exact\* numbers are required as clinical content determines the basis for credit towards training *(Continue on a separate sheet if necessary)*  \* *use of vague terms such as “possibly” or “provisionally” may result in no credit being awarded* | |

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|  |  |  |
| --- | --- | --- |
| **Full-time/ part-time**  (*if part-time indicate weekly session commitment)* | **Start Date of OOP DD/MM/YY** | **End Date of OOP DD/MM/YY** |
| **Outcome of training** (if applicable, eg MD, PhD, ICM Training) | | |
| **Please tick as appropriate**  I request that the period of clinical training outlined above **should/ should not** (*delete as appropriate*) be taken into account in the determination of my expected completion of training date  I confirm that I have sought the permission of my Postgraduate Deanery/LETB to go out of programme | | |

Please note that the decision whether or not to recommend educational credit towards training rests with the relevant JRCPTB Specialist Advisory Committee.

Email this completed form and supporting documents to [OOP@thefederation.uk](mailto:OOP@thefederation.uk)