**APPLICATION CHECKLIST**

**FOR TRAINEES APPLYING FOR TIME OUT OF PROGRAMME (OOP)**

THIS CHECKLIST MUST BE COMPLETED, SIGNED AND ENCLOSED WITH YOUR OOP APPLICATION. IF IT IS NOT, YOUR APPLICATION MAY BE DELAYED OR REJECTED AS INCOMPLETE. PLEASE ALSO ENSURE THAT YOU HAVE READ AND UNDERSTOOD THE GUIDANCE FOR TRAINEES APPLYING FOR OOP ON THE WEBSITE.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee Name:** | **Specialty:** | | | | | | |
| **NTN:** | **Anticipated CCT Date:** | | | | | | |
| **This an application for:**  Time out of programme for approved clinical training (OOPT)  Time out of programme for research (OOPR)  Time out of programme for clinical experience (OOPE)  Time out of programme for a career break (OOPC) | | | | **New** | | **Extension** | |
| **Please tick this box if you want this want this period Out of Programme to count towards your training (OOPT/Rs ONLY)** | | | |  | | |  |
| **ALL APPLICANTS – Please confirm that you have enclosed the following and that the relevant endorsements have been provided:** | | | | | | | |
| **1. OOP Application Form –** | | | | |  | | |
| Signed by trainee  Signed by Educational Supervisor  Signed by Training Programme Director/STC Chair | | | | |  | | |
| **2. Job Description / Outline of what you will be doing** | | | | |  | | |
| **APPLICANTS FOR OOPT/OOPR – Please confirm that in addition to the above you have enclosed the following:** | | | | | | | |
| **3. Letter from Royal College/Faculty Training Committee confirming provisional prospective approval of the placement OR Letter from host institution / LETB confirming GMC approval of the placement.** | | | | |  | | |
| **4. A statement detailing the purpose and structure of the OOPT or OOPR placement, including confirmation that the placement is subject to quality management in line with GMC requirements. This should be obtained from the host Institution/LETB. Please see the GMC website for details** | | | | |  | | |
| **Signed:** | | **Date:      /     /** | | | | | |
| **Print Name:** | | | | | | | |
| **OFFICE USE ONLY** | | |  | | | | |
| **Date application received:** | | | **/     /** | | | | |
| **Confirm all sections complete before processing** | | |  | | | | |
| **Date passed to Head of School/Associate Dean** | | | **/     /** | | | | |
| **Date endorsement letter sent to the GMC (OOPT/OOPR apps only)** | | | **/     /** | | | | |
| **Approved:  Rejected:  Date Letter Sent:** | | | **/     /** | | | | |