



## Section B – Provisional Deanery/LETB Approval *[normally completed by the Training Programme Director]*

The applicant has discussed this OOPT/R proposal with me and is approved in principle.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

## Section C – Anaesthesia Regional Adviser's approval

This application has been discussed with me and I am satisfied that it forms part of a balanced training programme leading to the award of a CCT in Anaesthetics.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

## Section D – ICM Regional Adviser's approval *[if required]*

This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in ICM and conforms to the standards of the Faculty of Intensive Care Medicine.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

## Section E – Pain Medicine Regional Adviser's approval *[if required]*

This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in pain medicine and conforms to the standards of the Faculty of Pain Medicine.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**FPM RA Trainee's School of Anaesthesia**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**FPM RA for School where post is located**

**Section F – Details of OOPT/R post** [to be completed by the applicant]

Title of Post																	
From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
Duration	Mths				Amount requested to count for CCT/CESR (CP)				Mths				If post less than fulltime, what is the % WTE?	%	Is this OOPT/R to be counted towards your HIGHER or ADVANCED training? Please indicate at which level		
Hospital name and address																	
Head of Department																	
Designated local supervisor																	
Telephone																	
Email																	
<p>Please indicate your rationale for undertaking this OOPT/R</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Training module not offered in home Deanery/LETB</li> <li><input type="checkbox"/> Training module available in home Deanery/LETB, but oversubscribed</li> <li><input type="checkbox"/> Highly specialised training not available in UK</li> <li><input type="checkbox"/> Highly specialised training available in the UK, but oversubscribed</li> <li><input type="checkbox"/> Overseas training offers a different perspective to the area of clinical practice than in the UK</li> <li><input type="checkbox"/> Other:</li> </ul>																	

I enclose the following information to support my application:

<b>1. For all Applications</b>	
<ul style="list-style-type: none"> <li>The objectives of the training, mapped against the appropriate units of the 'The CCT in Anaesthetics' AND;</li> <li>A job description on hospital headed paper <b>or</b> details of the research project.</li> <li>A personal statement from the trainee of the specific objectives to be achieved.</li> </ul>	
<b>2. For training outside of the UK</b>	
<ul style="list-style-type: none"> <li>A statement from the competent authority<sup>1</sup> in the country concerned e.g. Training Board, College or Faculty, confirming that the hospital is approved for training and detailing supervision arrangements;</li> <li>If no clear competent authority, or applicant planning to work with a non-governmental organisation/operational deployment with the Defence Medical Services, <b>please</b> seek advice from the RCoA Training Department before making any formal commitments.</li> </ul>	
<b>3. For training in the UK</b>	
<ul style="list-style-type: none"> <li>A statement from the hospital/university department confirming that the post will be covered by the same arrangements for study leave and supervision that apply to trainees in GMC approved posts</li> </ul>	
I confirm that to the best of my knowledge the above information is correct.	
Signed: _____ Date: _____	
Name _____	
<p><b>Please forward the completed application to the Training Department at the address below.</b></p>	

<sup>1</sup> Details of competent authorities, where known, can be obtained from the RCoA Training Department  
 Royal College of Anaesthetists  
 Churchill House, 35 Red Lion Square, London WC1R 4SG  
 Tel 020 7092 1500 Email [training@rcoa.ac.uk](mailto:training@rcoa.ac.uk) Website [www.rcoa.ac.uk/careers-training](http://www.rcoa.ac.uk/careers-training)

## Section G – RCoA approval (only required for those posts not in a GMC approved location)

The OOPT/R described in this application is/is not *[delete as required]* in accordance with the requirements of the curriculum for a CCT in Anaesthetics and does/does not *[delete as required]* have the support of the RCoA.

### Comments

Signed: \_\_\_\_\_ RCoA stamp

Name: \_\_\_\_\_

## Section H – FICM/FPM approval *[if required]*

The OOPT/R described in this application conforms/does not conform *[delete as required]* to the standards of the FICM/FPM *[delete as required]* and has/does not have *[delete as required]* its support.

### Comments

Signed \_\_\_\_\_

Name \_\_\_\_\_