# GMC – Training Location Approval Request Form

### To be completed by Head of School or Training Programme Director

Thank you for your request for a new site approval. Please complete this form and return it to [quality.wx@hee.nhs.uk](mailto:quality.wx@hee.nhs.uk) in order that we can obtain GMC approval. You will be notified by the quality team when this has been completed.

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| --- | --- |
| Training Programme (please specify if this is for core or high trainees, or if it is a run-through programme) |  |
| Sub-specialty Training Programme (if relevant) |  |
| Site Name |  |
| Associated Trust |  |

|  |  |
| --- | --- |
| Name of Head of School / Training Programme Director submitting this form: |  |
| Date: |  |
| By submitting this form, I [HoS/TPD] confirm that the programme and locations referred to above fulfil the criteria of [*Promoting excellence: standards for medical education and training*](http://www.gmc-uk.org/education/standards.asp?WT.mc_id=MEEN150730)*.* I will use appropriate mechanisms to ensure ongoing compliance with the standards.  I understand that through the Quality Assurance work undertaken by the GMC I may be asked to provide evidence to demonstrate how these standards are being met. | |

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

**Signed:** \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GMC number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_