Trainees Acting Up as Consultants Application form

**Please send this completed form to your Specialty Programme Manager with a minimum of three months notice**

**Section A – Trainee Information**

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| Full Name: | | | National Training number: |
| GMC number: | CCT Date: | | Telephone number: |
| Correspondence address whilst Acting Up (including contact telephone number and email address): | | | |
| Specialty: | | Grade and year of training (e.g. SpR – year 5, ST5): | |
| Current post: | | Current Trust: | |

**Section B – Details of the proposed ‘Acting Up’ post**

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| --- | --- | --- | --- |
| ‘Acting Up’ period:  Start date: ……………….. End date: ………………….. | Department & Trust: | | |
| Does your Training Programme Director support your application to Act Up? | | Yes | No |
| Have you contacted the relevant College to seek SAC approval? | | Yes | No |
| Will you gain experience from the curriculum (e.g. management) during the ‘acting up’? | | Yes | No |
| Will you have a named supervisor whilst ‘acting up’?  Name of Supervisor: …………………………………………. | | Yes | No |
| I confirm that I will be ‘Acting Up’ into a substantive consultant post within the Wessex Deanery ***(Please note trainees cannot ‘Act Up’ into Locum Consultant posts)*** | | Yes | No |
| I confirm I have passed the relevant exams required | | Yes | No |
| I confirm I have met, or on target to meet, the requirements of my PYA (if applicable) | | Yes | No |

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| --- | --- | --- |
| I confirm I will be within the last twelve months of my training (pro-rata for flexible trainees; maximum of five months) | Yes | No |
| I understand I cannot commence in post until GMC approval has been granted | Yes | No |
| Aims and Objectives for this experience: | | |

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| --- | --- |
| **Declaration:**  **I confirm that I have read the Acting up guidance and adhere to the following stipulations:**   * **Royal College/Faculty approval has been granted;** * **Approval from my TPD is not approval to commence acting up and if I commence acting up without approval from the Deanery and GMC, disciplinary action may be taken by my employer;** | |
| Trainee Name: | Date: |
| Trainee Signature:  …………………………………………………. | |

**Section C – Approval**

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| --- | --- |
| **To be Completed by Current Supervising Consultant** | |
| I confirm that I support this application for a period of ‘Acting Up’ and that this is an appropriate part of their training. I confirm that I have discussed this request with the Training Programme Director, who is also in support of this request, and will notify the Deanery if there are any rotational changes required as a result of this application. I confirm that the absence of the trainee from the date specified can be accommodated by the service. | |
| **Supervising Consultant Name:** | **Date:** |
| **Supervising Consultant Signature**  **................................................................................** | |

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| **To be Completed by Training Programme Director** | |
| **Declaration:**  I confirm this application is appropriate and support the approval of this ‘Acting Up’ period. The trainee will remain on the training programme until approval has been granted by the Deanery and the GMC | |
| **Training Programme Director Name:** | **Date:** |
| **Training Programme Director Signature**  **................................................................................** | |

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| **To be Completed by the Trust’s Human Resource Department e.g. Medical Personnel Manager** | | | |
| **Name:** |  | **Designation:** |  |
| **E-Mail:** |  | **Telephone No.** |  |
| **Confirmation of Funding:** I confirm that the Trust will accept a charge of 100% of salary costs and expenses for the period of the ‘Acting Up’ arrangement and that this’ Acting Up’ post is into a substantive Consultant post | | | |
| **HR Department Signature:**  **................................................................................** | | | **Date:** |

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| **To be completed by the Postgraduate Dean** | |
| **Declaration:**  I confirm this application is appropriate and approve this ‘Acting Up’ placement. | |
| **Postgraduate Dean Name:** | **Date:** |
| **Postgraduate Dean Signature**  **................................................................................** | |