**NATIONALLY AVAILABLE TRAINING PLACEMENTS**

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| 'Nationally Available Training Placements' (NATP) offer Public Health Specialty Registrars (StRs) opportunities to acquire specific additional or contextual experience at a national  level and develop specialist leadership knowledge and skills. |

These placements will be listed on the Faculty website to signpost Registrars to these organisations. The local deanery processes for approval of a Registrar request for undertaking these placements apply.

The Faculty of Public Health will add placements to the list which will meet the following criteria.

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| **Criteria:**  The Placement must offer unique training opportunities which are not available locally  It is a GMC approved placement  The host organisation approves  Application is supported by the local heads of school / training programme director  The placement is Advertised to all registrars nationally with a fair selection process |

**PLEASE COMPLETE THE FORM IN BLOCK CAPITAL LETTERS**

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| **Please complete and return the signed form to** [**educ@fph.org.uk**](mailto:educ@fph.org.uk)**. Please ensure that all sections are completed.** |

**SECTION 1: CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| **NAME** | |  |
| **CORRESPONDENCE ADDRESS** | | |
| TOWN / CITY: POSTCODE: | | |
| **EMAIL** |  | |
| **TELEPHONE** |  | |
| *NOTE: Please notify FPH immediately of any changes to your contact details* | | |

**SECTION 2: PLACEMENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **NAME OF THE ORGANISATION** |  | |
| **ADDRESS** | | |
| TOWN / CITY: POSTCODE: | | |
| **IS THIS IS A GMC APPROVED PLACEMENT** | | Y N |
| **PLACEMENT DURATION** | | 6 Months  12 months  Other  Please provide details |
| **REGION/DEANERY** | |  |
| **IS THE PLACEMENT AVAILABLE EVERY YEAR ?** | | Y N |
| **PLEASE PROVIDE DETAILS OF THE UNIQUE OPPORTUNITIES THIS PLACEMENT OFFER TO SPECIALTY REGISTRARS?** | | |
|  | | |
| **EQUAL ACCESS ARRANGEMENTS** (Please explain how you would ensure this placement is potentially available to all suitable trainees) | | |
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| **Costs** | **Who is responsible for costs (please ‘X’ the appropriate section)** | | |
| **Placement Provider** | **Deanery/Employer** | **Trainee** |
| Basic salary costs |  |  |  |
| On Call Costs |  |  |  |
| Out of hours salary cost (if appropriate) |  |  |  |
| Subsistence (travel and accommodation) to attend placement |  |  |  |
| Subsistence (travel and accommodation) related to work undertaken on the placement |  |  |  |
| Who indemnifies for 3rd party claims |  |  |  |
| Who will be responsible for Health & Safety at work? |  |  |  |
| Who authorises study leave? How much time is allowed? |  |  |  |
| Who funds study leave expenses? |  |  |  |

**SECTION 3: PROJECT DETAILS**

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| **PLEASE PROVIDE OR ATTACH A BRIEF DESCRIPTION OF PROJECT/S .** |
|  |

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| --- | --- | --- | --- |
| **LEARNING OUTCOMES (**please provide the list of learning outcomes which can be achieved during this placement. the learning outcomes are available can be accessed at[**https://www.fph.org.uk/media/1751/ph-curriculum-2015\_approved.pdf**](https://www.fph.org.uk/media/1751/ph-curriculum-2015_approved.pdf)  Please tick the appropriate box ‘**P**’ or ‘**F**’ to show which Learning Outcomes will be partially be achieved or fully achieved. | | | |
| Number | | Description | **P** | **F** |
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**SECTION 4: SUPERVISION DETAILS**

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| **NAME OF THE EDUCATIONAL SUPERVISOR** |  |
| **ORGANISATION** |  |
| **EMAIL** |  |
| **TELEPHONE** |  |
| *NOTE: Please notify FPH immediately of any changes to your contact details* | |

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| --- | --- |
| **NAME OF THE CLINICAL /ACTIVITY SUPERVISOR(S) (IF DIFFERENT FROM EDUCATIONAL SUPERVISOR)** |  |
| **ORGANISATION** |  |
| **EMAIL** |  |
| **TELEPHONE** |  |
| *NOTE: Please notify FPH immediately of any changes to your contact details* | |

**SECTION 4: SELECTION DETAILS**

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| --- | --- |
| ***Application Deadline* (if start date is fixed)** |  |
| ***Selection Procedure*** (please provide details of the application process for trainees). The Advertisement can be circulated via Faculty of Public Health) | |
|  | |
| ***Person Specification*** *(Please provide details including experience required below or attach with this application)* | |
|  | |

**SECTION 5: SIGNATURES**

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| --- | --- |
| **HoS/ TPD SIGNATURE** |  |
| **REGION/DEANERY** |  |
| **DATE** |  |

**HEAD OF SCHOOL / TRAINING PROGRAMME DIRECTOR**

**Is this application supported? Y N**

**HOST ORGANISATION**

**Is this application supported? Y N**

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **DESIGNATION** |  |
| **DATE** |  |