

CONFIDENTIAL

Out of Programme (OOP) Request Form



FACULTY OF
PUBLIC HEALTH

Please return the signed form to educ@fph.org.uk 3 months before starting the OOP. Form must be submitted by HEE/deanery. The Faculty will not accept applications directly from Registrars.

1. Type of Application:

Out of Programme Training (OOPT)

New request

Extension

Out of Programme For Research (OOPR)

New request

Extension

2. Registrar's Details:

Surname:

First Names:

NTN Number:

GMCNumber (if applicable)

Email:

Address:

Telephone:

NOTE: Please notify FPH immediately of any changes to your contact details

Current year of training:

ST1

ST2

ST3

ST4

ST5

Current CCT Date:

Out of Programme (OOP)

3. Placement Details:

Proposed start date of OOP

Proposed end date of OOP

Duration of OOP (in months)

What will be your provisional CCT date if the application is approved?

Name of the organisation:

Address:

Town/city:

Postcode:

Is this a GMC approved placement?: Yes: No:

Please provide the purpose of OOP / brief description of project/s .

Learning Outcomes (please provide the list of learning outcomes which will be achieved during this placement. The learning outcomes can be accessed at 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 achieved or fully achieved. (These should be discussed and approved by your TPD).

Please provide the purpose of OOP / brief description of project/s .

P	F
P	F
P	F
P	F
P	F
P	F
P	F
P	F
P	F

Out of Programme (OOP)

4. Arrangements for Supervision

Name of the Educational Supervisor:

Organisation:

Name of the Clinical /Activity Supervisor(s) (if different from the educational supervisor)

Organisation:

Additional information on the supervision arrangements can be provided below

5. Signatures

Registrar

Name:

Signature:

Date:

Training Programme Director

Is this application supported? Yes: No:

Name:

Signature:

Date: