

**Out of Programme Training Request Form**

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| **PART** 1  This form **must** be accompanied by the following supporting documentation | | | |
|  | Job description |  | Up-to-date CV |

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| **Current Training Placement** | |
| **Full name of trainee** | **GMC number** |
| **National Training Number**  ALL/PM/     / |
| **Deanery/HEE local office**  Pharmaceutical Medicine Deanery | **Name of Educational Supervisor** |

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| **Out of Programme Training (OOPT) Placement** | | | |
| **Country of OOPT** | | **Name of prospective educational supervisor at OOPT location** | |
| **Company name and full address of OOPT location** | |
| **Summary of training to be undertaken whilst on OOPT** (please detail the module items of the PMST curriculum you intend to complete during your OOPT. Please use a separate sheet if necessary) | | | |
| **Full time/part time** | **Start Date of OOPT (dd/mm/yy)** | | **End date of OOP (dd/mm/yy)** |
|  | *OOPT is normally for an initial period of 12 months and for no more than 24 months. If you require an extension, you must request it before the end of your initial period of OOPT.* | | |
| **Outcome of training (CCT or CESR (CP))** | | | |
| **Please tick one of the appropriate boxes**  I am seeking a total of       months credit (maximum of 12 months).  I am seeking an extension to my OOPT of       months credit (maximum of 12 months).  **Please tick the following box**  I confirm that I have sought the permission of the Pharmaceutical Medicine Deanery to go OOPT. | | | |

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| **PART 2**  **Educational Supervisor’s Report** | |
| Supervisor’s name: | |
| Trainee’s name: | NTN: ALL/PM/     / |

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| **Comments** |
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| that the information provided in Part 1 is correct. |
| the trainee’s request. |

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| **Signature of Educational Supervisor (please print)** | |
| **Print full name:** | **Date:** |

Please note that the decision whether to support educational credit towards training rests with the JRCPTB Specialist Advisory Committee on Pharmaceutical Medicine.