**Acting Up to Consultant: Application Form**

* *Resident doctors must complete sections A to E of this form prior to submission to NHSE, including signatures of support, collecting written evidence, etc.”*
* *Completed form to be emailed to the relevant School*

**Section** **A: Resident Doctor Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname | | | Forename | | | |
|  | | |  | | | |
| Specialty | GMC number | | | | Mobile No | |
|  |  | | | |  | |
| Current training post | | | | | | |
|  | |  | | | | |
| Address of current training post | | | | | | |
|  | |  | | | | |
| Current email address (for contact regarding the application) | |  | | | | |
| Email address for contact whilst acting up (if  approved). *It is essential that you provide us with an email that will allow us to contact you whilst acting up.* | |  | | | | |
| Please confirm that you will be in your last year of training at commencement of the acting up post.  *Applications without confirmation that resident doctors are in their final training year will be rejected.* | | Yes / No | | Please confirm your CCT date | |  |
| Current ARCP outcome | |  | | | | |

**Section B: About the planned acting up post**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is acting up recognised in your specialty curriculum and will it take place within the region?  *If you are unable to answer yes to all parts of this question, you should submit an OOPE application* | | | | Yes / No |
| Title of acting up post |  | | | |
| Proposed dates *(maximum 3 months WTE)* | From: To: *(date you return to programme)* | | | |
| Location of acting up  (full address) |  | | | |
| Supervising consultant whilst acting up |  | Email address of Consultant |  | |
| Structure of planned acting up post. *Where possible a timetable should be provided.* | | | | |
|  | | | | |

**Section C: Resident Doctor Declaration**

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| --- | --- | --- | --- | --- |
|  | | | | **Yes/No or Not Applicable** |
| I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application. | | | |  |
| I have completed all relevant parts of the form and, to my knowledge, all information is correct. | | | |  |
| I have adhered to all guidance and **provide evidence attached** that the local education provider/Trusts affected are aware and supportive of this acting up and proposed timescales (losing Trust, gaining Trust and employer where this is not the same). | | | |  |
| Please confirm your employment arrangements:  **Either**   1. Remaining employed by the lead employer   **Or**  b) Being employed directly by the local education provider  If b) I provide evidence attached that the acting up local education provider/Trust will fully fund the acting up opportunity (email or letter from relevant authority i.e. DME or deputy). | | | |  |
| I understand that I must not begin acting up until I have approval from NHSE. | | | |  |
| I am aware that I cannot act up without supervision being in place and I have included details of my supervisory arrangements in section B. | | | |  |
| I provide evidence of Royal College approval (where applicable). | | | |  |
| I provide evidence of GMC approval (where applicable). | | | |  |
| Where you have been unable to tick any of the above boxes, please explain why in the field below. Failure to do so will result in your application form being returned | | | | |
|  | | | | |
| Resident Doctor Name |  | Date |  | |
| Resident Doctor Signature |  | | | |

**Section D: Training Programme Director Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | **Yes/No or Not Applicable** |
| I can confirm that theresident doctor is meeting all educational requirements, and this application is appropriate. I support the approval of this acting up period. | | |  |
| I can confirm that the relevant trust(s) are aware of and have endorsed the acting up post. *Please attach written evidence from the trust which will have been obtained by the resident doctor*. *Approval cannot be given without this* | | |  |
| The resident doctor will remain in their current post until the application receives NHSE approval. | | |  |
| Where you have been unable to tick any of the above boxes, please explain why in the field below. | | | |
|  | | | |
| Training Programme Director Name |  | Date |  |
| Training Programme Director Signature |  | | |

**Section E: Local Education Provider HR or Designated Budget Holder Authorisation (for the gaining organisation) Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Yes/No or Not Applicable** | |
| Where the resident doctor will be employed directly by the local education provider:  I can confirm that the receiving organisation will fund all costs relating to the acting up position (this includes, but is not an exhaustive list, salary, travel and out of hours). | | |  | |
| I can confirm that the receiving organisation has endorsed the application. | | |  | |
| I can confirm the resident doctor will remain in their current post until the application receives NHSE approval. | | |  | |
| Where you have been unable to tick any of the above boxes, please explain why in the field below. | | | | |
|  | | | | |
| LEP HR/Budget Holder Name (or nominated Deputy) |  | Date | |  |
| LEP HR/Budget Holder Signature (or nominated Deputy) |  | | | |

**Section F: Postgraduate Dean (or nominated Deputy) Decision**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the acting up approved or declined? | | Approved  *Please see conditions on support section below and complete if relevant* |  | Declined  *Please explain reasons fully below* | | |  |
| Are there any conditions on the approval?  *This may be proposed dates to be changed to fit with rotational changeover. If none, please write n/a.* | | | | | | | |
|  | | | | | | | |
| If you have declined the application, you must complete the section below giving full reasons for your decision. | | | | | | | |
|  | | | | | | | |
| Name of Postgraduate Dean |  | | | | Date |  | |
| Signature |  | | | | | | |

**For office use only**

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| --- | --- | --- |
| Copy of completed form and covering letter sent to:   * Resident doctor * Local Education Provider - MSM * Gaining Local Education Provider (if different from the above) - MSM * Lead Employer * Training Programme Director * Copy for Resident doctor file |  |  |