**Surgical Simulation and Non-Technical Skills Fellowship**

**Application Form for 2021/22**

Please complete this form in its entirety. If you are submitting any additional sheets please indicate on the top of each sheet your name, GMC number and training programme.

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| **Section 1 – Personal details** |
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| **Applicant surname:** |       |
| **Applicant forenames:** |       |
| **GMC Number** |       | **NTN / DRN Number:***(where applicable)* |       |
| **Email address:** |       |
| **Mobile number:** |       |
| **Postal address:***(including postcode)* |  |
|  |
| **Section 2 – Training**  |
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| **Current training programme** |       |
| **Current training grade** |       |
| **Current training year:** |       |
| **Current training post:** |       |
| **Current employer:** |       |
| **Date and outcome of last ARCP:** |       |
| **Anticipated CCT date:** |      /     /      |
| **Current hours of work –(FT/LTFT)** |  |

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| **Section 3 – Training Details** |

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| **Next rotation date:** |  |
| **Employer name:** |  |

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| **Section 4 – Applicant submission** |
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| **Reason for wanting to undertake this secondment?** (<250) |
|       |
| **Why do you believe you would be suitable for this secondment?** (<250) |
|       |

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| **Section 5 – Reference – Current Trust** |
| I, as the Training Programme Director for this trainee, support this application and confirm that:            (name of trainee) is a suitable candidate: |
| **Full Name:** |       |
| **Employer:** |       |
| **GP Practice (if required)** |       |
| **Contact email address:** |       |
| **TPD Approval:**  | Signature ;  | **/ /2021** | **OR** Supporting email attached**YES/NO** (Please delete) |
| I, the trainee, confirm that:* the information provided via this application is true and accurate;
* I can provide evidence and additional documentation if required by Health Education England – working across the South West;
* I have read and understood the terms and conditions of the secondment
 |
| **Full Name:** **(block capitals)** |       |
| **Trainee signature:** |       |
| **Date signed:** |      /     /      |

***Please return the completed application by 5pm on Monday 31st May 2021 to:***

**Peninfo.sw@hee.nhs.uk** ***with the subject heading; Surgical Simulation Fellowship.***

**INTERVIEW DATE:**

|  |  |
| --- | --- |
| **DATE:** | TBC |
| **VENUE:** |  Held virtually by Microsoft Teams |

**ANY ADDITIONAL INFORMATION:**