#### Acting Up to Consultant: Application Form

**Section A: Trainee information**

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| --- | --- | --- | --- |
| Trainees name: |  | Training number: |  |
| E-mail address: |  | GMC Post / Programme approval number: |  |
| Specialty: |  | Training Programme Director (TPD): |  |

|  |  |
| --- | --- |
| Have you discussed your plans to Act Up as a Consultant with your educational supervisor and/or training programme director? | Yes  No |

|  |  |
| --- | --- |
| Address of current training post |  |
| Contact address/e-mail address for duration of ‘Acting Up’ if granted: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm that you will be in your final year of training at commencement of the Acting Up post | | Yes  No | |
| Please confirm your CCT date |  | Please confirm your most recent 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? | | Yes  No | If you are unable to answer yes to all parts of this question you should submit an OOP application. | |
| Proposed dates  From: |  | | To: |  |
| Location of acting up  (full address) | |  | | |
| Supervising Consultant whilst acting up |  | | E-mail address |  |
| Structure of planned acting up post (where possible a timetable should be provided) | | | | |
|  | | | | |

**Section C: Trainee declaration**

(please tick boxes to show compliance)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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). | | |  | |
| 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 HEE.  I am aware that I cannot act up without supervision being in place and I have inputted  details of my supervisory arrangements in section B | | |  | |
| I provide evidence of 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 this will result in your application form being returned. | | | | |
|  | | | | |
| Trainee Name |  | Date | |  |
| Trainee Signature |  | | | |

**Section D: Training Programme Director Declaration**

(please tick boxes to show compliance)

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| --- | --- | --- | --- | --- |
| I can confirm that the trainee is meeting all educational requirement, 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. | | |  | |
| The trainee will remain in their current post until the application receives HEE 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: Postgraduate Dean (or nominated representative) approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the acting up approved or declined? | Approved | Declined  Please explain reasons below | | |
| If you have declined the application you must complete the section below giving full reasons for your  decision | | | | |
|  | | | | |
| Name of Postgraduate Dean or nominated deputy |  | | Date |  |
| Signature |  | | | |