

Out of Programme (OOP) Application for College Support

Full Name:		Specialty:	
GMC No:		CCT Date:	
Training Year:		NTN:	
Current Employer:			
Deanery/HEE			

OOP Start Date:		OOP End Date:	
OOP Type: Please select one	(OOPT) Training with CCT Credit <input type="checkbox"/> (OOPR) Research with Partial CCT Credit <input checked="" type="checkbox"/> (OOPE) Experience with No CCT Credit <input type="checkbox"/> (AUAC) "Acting Up" Post with CCT Credit * <input type="checkbox"/>	Credit Requested:	

* Only "acting up" which takes place outside of your usual training scheme requires OOP approval by the GMC

Out of Programme Location	Clinical or Research Supervisor

How is your OOP funded	Personal Fellowship <input type="checkbox"/>	Funding allocated with project grant <input type="checkbox"/>
	Charitable Funds associated with local institution <input type="checkbox"/>	Local Training Programme <input type="checkbox"/>
	Local institution funding <input type="checkbox"/>	Local <input type="checkbox"/>
	Institution being visited <input type="checkbox"/>	National <input type="checkbox"/>
	Other <input type="checkbox"/> (please specify below)	

Name of funding body	
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Description of programme to be undertaken and outcome objectives (continue on a separate sheet if required)

Subject Area (Clinical Oncology Only)			
Technical Radiotherapy <input type="checkbox"/>	Epidemiology <input type="checkbox"/>		
Systemic Therapy <input type="checkbox"/>	Service improvement <input type="checkbox"/>		
Tumour biology <input type="checkbox"/>	Teaching/training <input type="checkbox"/>		
Radiobiology <input type="checkbox"/>	Leadership <input type="checkbox"/>		
Clinical Trials <input type="checkbox"/>			
Other <input type="checkbox"/> (Describe)	<input type="text"/>		

Timetable: (Please give an illustration of the average weekly work layout or attach a separate timetable)					
	Mon	Tue	Wed	Thu	Fri
AM					
PM					
Signed (Trainee)				Date	
Please ask your Training Programme Director/Head of School to sign below to acknowledge that they support the structure and content of your request for Out of Programme Approval. Approval cannot be issued without this support.					
Signed (TPD/HoS)				Date	
Print Name (TPD/HoS)					
<p>● The following information section is mandatory if you are applying for out of programme research. Your application cannot be processed without this information</p> <p>The information collected will form part of a database available to trainees via the RCR website. Your contact details will not be used without your express permission.</p> <p>The College's Academic Committee may occasionally use the information provided to inform you of research and academic related resources and meetings that may be of interest.</p>					
Type of OOPA:		Research Fellowship towards higher academic degree: <input type="checkbox"/> MSc <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> Clinical Fellowship not leading to a higher degree <input type="checkbox"/> Other, <input type="checkbox"/> please describe:			
Title of OOPA:					
FRCR exams completed prior to OOPA:		None <input type="checkbox"/> Part 1 <input type="checkbox"/> Part 1 & 2 <input type="checkbox"/>			
How did you hear about this OOPA:					
Is there likely to be a similar post available to another trainee to replace you at the end of your OOPA?					
Are you happy for interested trainees to email you for further information about your OOPA? If so, please provide a contact email address:					
How do you plan to integrate research into your career in the future?		Predominantly academic role with honorary NHS contract <input type="checkbox"/> NHS research role with dedicated research time <input type="checkbox"/> Participating in research within NHS role <input type="checkbox"/> No plans to integrate research <input type="checkbox"/> Don't know yet <input type="checkbox"/>			

Completed forms should be scanned and sent to training@rcr.ac.uk