#### 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 datesFrom: |       | 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 TrainingProgramme Director and they both support my application. | [ ]  |
| I have completed all relevant parts of the form and, to my knowledge, all information iscorrect | [ ]  |
| I have adhered to all guidance and provide evidence attached that the local educationprovider/Trusts affected are aware and supportive of this acting up and proposedtimescales (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 fullyfund the acting up opportunity (email or letter from relevant authority i.e. DME ordeputy) | [ ]  |
| 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 inputteddetails 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 thisapplication 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 uppost. | [ ]  |
| 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**

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| --- | --- | --- |
| 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 yourdecision |
|       |
| Name of Postgraduate Dean or nominated deputy |       | Date |       |
| Signature |       |