

REQUEST TO TAKE TIME OUT OF PROGRAMME (OOP)

PLEASE NOTE AT LEAST 6 MONTHS NOTICE MUST BE GIVEN OF INTENTION TO GO OOP
Application forms must be typed and returned by email to your Specialty School contact



PART A – Trainee Details to be completed by applicant

Full Name:		GMC Number:	
Specialty:		GMC Programme Code:	
NTN:		Year of Training:	
Date of last ARCP		Current ARCP Outcome	
Name of Training Programme Director:		Revalidation Date:	
Address (for duration of OOP, if granted):		Email:	
Are you currently holding a Tier 2 or Skilled Worker Visa?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please contact tier2.nimmdta@hscni.net for advice before proceeding with this application.	

PART B – Out Of Programme Details to be completed by applicant (*Applications under more than one category should be completed on separate forms*)

Type of Application:	OOPC <input type="checkbox"/> OOPE <input type="checkbox"/> OOPR <input type="checkbox"/> OOPT <input type="checkbox"/>		
Post Title or Reason for OOPC:			
Name of Clinical or Research Supervisor during planned OOP			
Name and Address of Institution where undertaking OOP:			
Dates of Proposed Time Out of Programme <small>Please indicate <u>exact dates</u> when out-of-programme will commence and finish</small>	From: DD/MM/YYYY ____/____/20____	To: DD/MM/YYYY ____/____/20____	
Provisional CCT Date (prior to OOP)		Number of months counting towards CCT	
Proposed new CCT Date following OOP:		Planned date of return to local training:	
OOP Funding Arrangements Provide details and supporting documents of how your period of OOPR, E or T will be funded			
Access to Study Leave Budget Confirm if you will have access to a study leave budget during your period of OOPT			

PART C – Supporting Documentation (*Label attachments clearly*)

The following documentation **MUST** accompany your application form:

- 1. A statement of your aims and objectives in going out of programme
- 2. A job description and/or brief of the structure of the OOP, which should include a weekly timetable and confirmation of any out of hours duties
- 3. Confirmation that your OOP training programme is funded (OOPT/OOPE/OOPR)
- 4. A protocol for the Research to be undertaken (OOPR)
- 5. A statement explaining why the OOP does not count towards CCT (OOPE only)
- 6. A statement detailing reasons for a late application (less than 6 months' notice)

Applications submitted without appropriate documentation will NOT be considered and will be returned.

PART D – Trainee’s Signature

I am requesting approval to undertake the unpaid leave/time out of programme described above whilst retaining my national training number.

I CONFIRM THAT:

- A. I have read and understood NIMDTA’s Time Out of Programme Guidelines and agree to the terms and conditions outlined in the document.
- B. I understand that I am expected to give at least six months’ notice to the Postgraduate Dean and to my employer before my time out of programme can commence. I understand that failure to do so will result in my application being refused.
- C. I understand that I must maintain a licence to practise with the GMC and that failure to do so will result in the withdrawal of my NTN. I understand that a licence to practice is also required to maintain my connection with the Postgraduate Dean as Responsible Officer for revalidation on GMC Connect.
- D. I understand that for OOPT or OOPR I am required to obtain a letter of support and recommendation for the amount of time to count towards CCT from the Royal College of Faculty and submit to NIMDTA.
- E. I understand that any extension to this application will only be allowed in exceptional circumstances and will require a further written application and approval from the Postgraduate Dean/Associate Dean.
- F. I understand the need to liaise closely with my Head of School/Training Programme Director so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months’ notice must be given of the date that I intended to return to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.
- G. I understand the need to return an annual out of programme report for each year that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement and Form R for OOPT/OOPE. Failure to do this could result in the loss of my training number.
- H. I understand that during my period of unpaid leave/ time out of programme I am required to maintain my pension contributions currently for the first six months and am responsible for both the employees and employers contributions for any further months up to a total of 24 months. If my period of unpaid leave/ time out of programme exceeds 24 months then I will be required to take a break in service after the 24 month period is concluded.

Signed: _____ Date _____

PART E – Training Programme Director Support (if applicable)

I confirm that I am in support of this trainee’s application to take unpaid leave/ time out of programme:

Programme Director Signature: _____ Date: _____

PART F – Head of School Support

I confirm that I am in support of this trainee’s application to take unpaid leave/ time out of programme:

Head of School Signature: _____ Date: _____

*Please ensure that **ALL** sections of this form are complete before forwarding to your specialty school Administrator, **NIMDTA, Beechill House, 42 Beechill Road, Belfast, BT8 7RL** for consideration by the Postgraduate Dean. Incomplete applications, which are missing documentation or signatures, will **NOT** be accepted and will be returned to the trainee for completion.*

PART G – Associate Postgraduate Dean Approval

I confirm that I am in support of this trainee’s application to take unpaid leave/ time out of programme:

Associate Dean Signature: _____ Date: _____