**Advanced Training Application Form – HENW / Mersey**

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| --- | --- |
| Name: |  |
| Current Grade:  |  |
| Date of application:  |  |

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| --- | --- | --- | --- | --- | --- |
| First Module(6 months) | Please Tick | \*Preferred Hospital | Second Module (6 months) | Please Tick | \*Preferred Hospital |
| Specialist – Neuro  |  |  | Specialist – Neuro  |  |  |
| Specialist – Cardiothoracic  |  |  | Specialist – Cardiothoracic  |  |  |
| Specialist – Paediatrics  |  |  | Specialist – Paediatrics  |  |  |
| Specialist – Obstetrics  |  |  | Specialist – Obstetrics  |  |  |
| GD – Airway  |  |  | GD – Airway  |  |  |
| GD – Head and Neck  |  |  | GD – Head and Neck  |  |  |
| GD – General Surgery |  |  | GD – General Surgery |  |  |
| GD – Hepatobiliary  |  |  | GD – Hepatobiliary  |  |  |
| GD – Vascular  |  |  | GD – Vascular  |  |  |
| GD – Day Surgery |  |  | GD – Day Surgery |  |  |
| GD – Sedation  |  |  | GD – Sedation  |  |  |
| GD – Orthopaedics |  |  | GD – Orthopaedics |  |  |
| GD – Regional  |  |  | GD – Regional  |  |  |
| GD – Trauma |  |  | GD – Trauma |  |  |
| GD – Perioperative Medicien |  |  |  |  |  |

\*I understand that filling the form and stating my preference does not guarantee allocation at the preferred hospital or module, this is a guide for the TPD to maximise my training opportunity. I accept that training capacity might be limited at the time of my planned allocation which could mean undertaking a different advanced training module at a different hospital.

I confirm that if I change my preferred module, I will arrange a face-to-face meeting with the TPD to discuss my plans

Please print your name to represent signature to the above: Date:

**Please continue to fill in the second part of the application form**

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| --- | --- |
| List the core learning outcomes you intend to achieve by the end of the **FIRST** 6 months of advanced training: *(refer to Annex E – Advanced Training of the Curriculum)**Core learning outcome should appear as individual items on your PDP and should be approved by your Educational supervisor* | List the core learning outcomes you intend to achieve by the end of the **SECOND** 6 months of advanced training: *(refer to Annex E – Advanced Training of the Curriculum)**Core learning outcome should appear as individual items on your PDP and should be approved by your Educational supervisor* |
|  |  |
| Confirm that you have read and understood what is required to achieve with regards to the 6 domains of advanced training: Clinical PracticeTeam WorkingLeadershipInnovationManagementEducation |  |
| Print your name: Date:  | Print your name: Date:  |