**FORM B (*Issued July 2015)***

**Application for the Approval of a**

**New Training Location**

Deaneries/local education training boards (LETBs) should use this form to request new training location(s) to be added to an already approved specialty or sub-specialty programme. This form must be accompanied by a letter/email of support from the relevant royal college or faculty.

**Completing the form**

All fields within this form are mandatory. This form is offered in a non-PDF format to aid user completion. It is imperative that users do not amend any of the GMC text or sections. Please refer to the accompanying guidance document for help with completing this form including the definitions of the terms used.

**Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Start date for doctors in training:** | | | | | | |
| DD/MM/YYYY | | | | | | |
| **2.** | **Type of Post:** | | | | | | |
| Whole Time  Less than full time  Flexible | | | | | | |
| **3.** | **Is this post funded by:** | | | | | | |
| Postgraduate Dean  Trust  Other (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **4.** | **Please provide the name and the programme code for the specialty or sub-specialty programme (including core) to which the post will belong:** | | | | | | |
|  | Specialty or sub-specialty programme name: | | |  | | | |
|  | GMC specialty or sub-specialty programme code: | | |  | | | |
| **5.** | **Please give details of the Trust/Board where the programme will be based, please also provide a named contact (this will usually be the Chief Executive of the Trust/Board)** | | | | | | |
|  | **Trust/Board Name** | | | | | **Trust/Board organisation code** |
| **1.** |  | | | | |  |
| Contact (include title and email address): | | | | | | |
| **6.** | **Please give details of the Local Education Provider (LEP), within the Trust/Board named above, where the training is to be provided** (NOTE: Please add rows as required)**:**  *If the training location is a General Practice site, could you please also provide us with the post code of the LEP to assist us in determining the correct training location as many GP sites have the same name but are in different geographical locations.* | | | | | | |
|  | **LEP name** *(and post code if GP site)* | | | | **LEP organisation code** | |
| **1.** |  | | | |  | |
| **2.** |  | | | |  | |
| **3.** |  | | | |  | |
| **7.** | **Please give details of the nature and extent of the facilities provided at the LEP(s) for the relevant education or training:** | | | | | | |
|  | | | | | | |
| **8.** | **Please provide the details of the Named Education Supervisor(s):** | | | | | | |
| Name: | | | |  | | |
| Contact Number/Email: | | | |  | | |
| Contact Address: | | | |  | | |
| Details of Education Supervisor/s qualifications/experience:  *Insert summary here (maximum of one page)* | | | | | | |
| **9.** | **Please provide the details of the Named Clinical Supervisor(s):** | | | | | | |
| Name: | | | |  | | |
| Contact Number/Email: | | | |  | | |
| Contact Address: | | | |  | | |
| Details of Clinical Supervisor/s qualifications/experience:  *Insert summary here (maximum of one page)* | | | | | | |
| **10.** | **Please specify the tenure of this post (This refers to the tenure of contract with the hospital):** | | | | | | |
|  | | | | | | |
| **11.** | **Is this post part of a rotation?** | | | | | | |
| Yes  No | | | | | | |
| **12.** | **Please indicate the length of this rotation for a full-time doctor in training (a plan of the rotation may be attached if appropriate):** | | | | | | |
| 12 months  18 months  24 months  30 months  36 months  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **13.** | **Is this rotation:** | | | | | | |
| Internal (within this LEP)  External  Both | | | | | | |
| **14.** | **If this post rotates externally please give the name of the training location/s with which it rotates:** | | | | | | |
| **1.** | |  | | | | |
| **2.** | |  | | | | |
| **3.** | |  | | | | |
| **15.** | **Please indicate the shift practice for this post:** | | | | | | |
| Full Shift  Partial Shift  On-call Rota  Hybrid  Other (please state)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **16.** | **Please state the staffing numbers for the specialty or sub-specialty programme at the training location(s) where this post is based:** | | | | | | |
| Consultants: Foundation Year:  Specialist Registrars: Others (specify): | | | | | | |
| **17.** | **Please indicate the responsibilities of this post:** | | | | | | |
| Ward rounds per week: OP clinics per week:  Average number of beds: Duty rota: | | | | | | |
| **18.** | *This question is to be completed in relation to General Practice Programmes only:*  **Please provide details of the intended learning outcomes of the post (which must relate directly to the relevant sections of the General Practice curriculum):** | | | | | | |
|  | | | | | | |
| **19.** | **Please provide a timetable of service and educational commitments (this may be attached):** | | | | | | |
|  | | | | | | |
| **20.** | **What are the arrangements for the educational and clinical supervision in this post (these may be the same individual), and who are the named trainers?** | | | | | | |
|  | | | | | | |
| **21.** | *This question is to be completed in relation to General Practice Programmes only:*  **What arrangements are in place for access to the GP training release scheme?** | | | | | | |
|  | | | | | | |
| **22.** | **What arrangements are there to participate in out-of-hours care?** | | | | | | |
|  | | | | | | |
| **23.** | **Please describe the arrangements for the ongoing quality control of the post:** | | | | | | |
|  | | | | | | |
| **24.** | **What formal education or study sessions will be provided by the training location(s) for this post? What arrangements are in place for educational supervision of this post?** | | | | | | |
|  | | | | | | |
| **25.** | **This section provides the opportunity to highlight any additional information on the post or training which may not be addressed above:** | | | | | | |
|  | | | | | | |

**26. Please submit the completed form, accompanied by a signed letter/email of support from the relevant Royal College or Faculty, via GMC Connect.**

**We are happy to accept electronic submission from the named Deanery/Local Education Training Board (LETB) contact onto GMC Connect as confirming Deanery/LETB support (i.e. replacing the requirement for a signature from the Dean or Deputy Dean).**