**Application Form for ATSM preferences**

Please return this form by email to by Midnight Sunday 6th November 2022 to Catherine Tarbet ct555@medschl.cam.ac.uk

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| **Full Name:****NTN:** |
| **Places worked** | **Grade**  | **Dates for each level****(If LFTT, please state % worked)**  |
|  | ST1 |  |
|  | ST2 |  |
|  | ST3 |  |
|  | ST4 |  |
|  | ST5 |  |
| **Date expect to start ST6** |  |  |
| **Part 3 MRCOG passed** |  |  |
| **Ultrasound competencies passed:** | **basic** |  |
|  | **intermediate** |  |

|  |  |
| --- | --- |
| **Preferred ATSMs** | **Please give combination** (e.g. ALWP and High Risk Pregnancy) |
| **1** |  |
| **2** |  |
| **3** |  |
|  |  |
| **Preferred Unit for ST6**please rank your preferred units  |  |
| **1** |   |
| **2** |  |
| **3** |  |

Any other additional relevant information eg planned maternity/ adoption leave

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| **My ideal consultant job would be:** (250 words or less) |
| **How are you eligible for your chosen ATSMs?:** (250 words or less) |
| **I will / will not be attending for interview on Microsoft teams –interviews to be held date TBC**(delete as necessary)*I understand if I am unable to attend, I will be allocated a unit* |
| **Name of referee**  |
| **Reference attached: Yes or No** |