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|  |  East of England |
| Clinical Attachment Programme for the East of England (CAPE) |

# Application Form

## Applicant Information

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| Full Name: |  | Date: |  |
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| Address: |  |
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|  |  |
|  | City | Country | Post Code |

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| --- | --- | --- | --- |
| Nationality |  |  |  |
| Phone: |  | Email |  |

## Education / Training

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| Medical School: Date of Qualification: |

Professional Registration Body: Registration No:

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| Psychiatry Training Programme / Hospital:  |  |   |
| Country: Dates of Training: Have you had 24 months (full-time) of post internship / foundation experience in psychiatry? YES ( ) NO ( ) Have you had a placement in child & adult psychiatry or learning disabilities? YES ( ) NO ( )Have you had psychotherapy training / formal supervisions during your training? YES ( ) NO ( )Contact details of most recent Clinical supervisor / Educational supervisor:   |  |
| Other details that you would like to mention about your psychiatry training:  |  |
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## English Proficiency

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| Was your undergraduate medical education in English? YES ( ) NO ( )Have you taken the IELTS test in the last two years? YES ( ) NO ( )Did you obtain the IELTS score required by the General Medical Council? YES ( ) NO ( ) (Overall:7.5 the minimum score of 7 in each sub test)Do you have any other evidence of English proficiency? YES ( ) NO ( ) (If yes please specify)  |
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## Employment History

Please list all the jobs you held after you qualified as a doctor. Please highlight any employment gaps or any period that you worked outside the capacity of a medical doctor.

 Workplace Dates

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##  Career Intentions

What subspecialty are you interested in to pursue a career?

- General Adult ( ) - Old Age ( ) - Child and Adolescent ( ) - Forensic ( )

- Learning Disabilities ( ) - Psychotherapy ( ) - Dual training ( ) ( Please specify )

What is your planned route to licence to practice in the UK?

- Obtaining MRCPsych ( )

- Sitting PLAB ( )

## Examinations

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| Have you taken any of the MRCPsych exams? (Please specify the date you are planning to sit the exam if not taken)MRCPsych Paper A YES ( ) NO ( ) Date:MRCPsych Paper B YES ( ) NO ( ) Date:Do you plan to sit the PLAB examination? YES ( ) NO ( ) Planned Date: Other informationPreferred location(s) of placement:Bedfordshire / Luton ( ) Cambridgeshire ( )Essex ( ) Hertfordshire ( )(Places will be allocated evenly, so we may be unable to accommodate choices)Please explain in less than 100 words how the CAPE programme is appropriate to your situation: |
|  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return completed form to the Head of School, christopher.o'loughlin@cpft.nhs.uk

