East of England

School of Obstetrics and Gynaecology

Application Form for SITM preferences

Please upload the required documents using this form: 2026 SITM Applications – Fill in form

by **midnight on Monday 26th October 2026**. (Log in using your nhs.net account)

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

Preferred SITMs please only one SITM per row (max 3)	
1	
2	
3	

Please state **4 hospitals** in which you would like to do your SITM. All choices carry equal weight and is not a ranking. Your selections will be considered collectively as preferences rather than as first, second, third, or fourth, choices. We will do our best to allocate you to 3 of your 4 choices.

Any other additional relevant information eg planned Parental / adoption leave / Plans for Out of Programme

Yes no

My ideal consultant job would be: (250 words or less)
How are you eligible for your chosen SITMs?: (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