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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 information Preferred 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: |
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## 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

