**PHE Specialty Training Programme**

**Project based learning approval**

### Project Placement proposal

*If a registrar has already been identified please complete the first 3 shaded boxes and then complete the remaining boxes. If this is a project for a registrar who needs to be identified via the TPDs (training programme directors) please fill in the unshaded boxes.*

|  |  |
| --- | --- |
| **Registrar name; email and phone number** | Name:  Email:  Phone: |
| **Name of registrar’s GMC/FPH approved training location as base** |  |
| **Base location Educational Supervisor name and workplace** |  |
| **Name of base location TPD** |  |
| **Time period for the project**  **(when and how many days per week)** |  |
| **Brief Description of Project** |  |
| **Please state the main learning outcomes from the project** |  |
| **Likely competencies that will be addressed** |  |
| **Who will be the Placement Supervisor and what experience do they have of public health and public health training.** |  |
| **What accommodation will be provided for the registrar and where?** |  |
| **Please describe how the project will work in practice covering relevant elements of the checklist below.** |  |

Name of person completing form:

Contact details:

Date:

Annex: Project-based learning checklist

(Note- this is a guide only and other criteria may be used for specific projects or training locations) Please record if you think you have met the following criteria and if not please provide details about why the criteria will not be met.

|  |  |
| --- | --- |
| **Criteria** | **Met?** |
| **The base location** |  |
| Will the StR have a GMC approved training location as their base? | **y** |
| Will the StR have a named Educational Supervisor in this training location who is prepared to continue as ES during the PHE project? | **y** |
| Will the TPD for the registrar see and approved the project? | **y** |
| Will the base location Educational Supervisor see the project and agree that it meets a learning need for the registrar | **y** |
| **The project based training location** |  |
| Is there a project supervisor who has had appropriate training and development and is working towards / fulfilled the GMC standards for trainers? | **y** |
| Is it clear how will the project supervisor and base location Educational Supervisor communicate about the StR’s progress? | **y** |
| Will accommodation be appropriate for the StR? | **y** |
| **The project** |  |
| Does the project brief describe a clear learning outcome? | **y** |
| Have the Public Health competencies been clearly identified? | **y** |
| How long will the project last? | **A year** |
| How many days per week will this require in the project location? | **three** |
| How many days per week will this project require in the base location? | **none** |
| Does the project complement existing work the registrar is undertaking at their base location? | **yes** |
| Has the project been advertised via the TPDs?  If not please explain any mitigating circumstances: | **No** |