**Application Form for SITM preferences**

Please return this form by email to Elena Teodor emt62@medschl.cam.ac.uk by midnight on Wednesday 23rd October 2024.

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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 ST5/ST6** |  |  |
| **Part 3 MRCOG passed** |  |  |
| **Ultrasound competencies passed:** | **basic** |  |
|  | **intermediate** |  |

|  |  |
| --- | --- |
| **Preferred SITMs**please only one SITM per row (max 3) |  |
| **1** |  |
| **2** |  |
| **3** |  |
|  |  |
| **Preferred Unit for ST5/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 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** |