##### Appendix A:

**Stage 1: Expression of Interest for HSE National Flexible Training Scheme**

*Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A – Personal Details** | | | |
|  | | | |
| **1** | First Name: |  |  |
|  |  |  |  |
| **2** | Last Name: |  |  |
|  |  |  |  |
| **3** | Postal Address: |  |  |
|  |  |  |  |
| **4** | E-mail Address (mandatory) |  |  |
|  |  |  |  |
| **5** | Home Telephone Number (optional): |  |  |
|  |  |  |  |
| **6** | Mobile Telephone Number (mandatory): |  |  |
|  |  |  |  |
| **7** | Work Telephone Number (optional) |  |  |
|  |  |  |  |

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|  |  |  |
| --- | --- | --- |
| For HSE Use only: |  | |
| HSE Date of Receipt | HSE Ref: |  |
| Reviewed: |  |
| Date: |  |
| Signed: |  |
| NDTP official: |  |
|  | Status: |  |

*NFTP Stage 1 Application Page 2*

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| **Section B – Medical Council Registration** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | |  | | | | |  | | | | | | | | | | | | | | |
| **8** | Name in which you are registered with the Medical Council (of Ireland) | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **9** | Medical Council registration number | | |  | |  | | | | |  | | | |  | | |  | | | | |  | | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| **10** | Please indicate (with an “**X**” in the appropriate box) the division of the Medical Council (of Ireland)’s register you are currently registered | | | (i) Trainee Specialist Division | | | | | | | | | | | | | | | | |  | | | | | |
|  | (ii) General Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (iii) Supervised Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (iv) Specialist Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (v) Not registered | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | |  | | |  | | | | |  | | | | | | | | | | | | | | |
| **Section C – Details of Training Programme** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **11** | | Name of Training Body enrolled with: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | |  | | | | |  | | | | | | | | | | | | |
| **12** | | Name of Training Programme: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **13** | | Date of entry onto Programme: (DD-MM-YYYY) |  | |  | | | | ▬ |  | | | |  | | ▬ |  | |  | | |  | |  |
|  | |  |  | | | | |  | | | | |  | | | | | | | | | | | | |
| **14** | | Current Year of Training: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | |
| **15** | | Number of expected years of training remaining (on a full-time basis) prior to award of CSCST: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | |
| **16** | | Name of National Specialty Director (/Dean of Training Programme) |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | |
| **17.** | | Details of periods of leave taken on the scheme to-date (outside of normal annual and study leave undertaken)   |  |  |  |  | | --- | --- | --- | --- | | Start date | End date | Time in weeks | Reason  (sick, maternity, other) | |  |  |  |  | |  |  |  |  |     Have all assessments been satisfactorily completed to date: | Yes  No  If No please provide details | | | | | | | | | | | | | | | | | | | | | | |
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*NFTP Stage 1 Application Page 3*

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| **Section D – Previous Flexible Training** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **17** | Are you currently in a flexible training post? | Yes | | |  | | | |  | | | | | | | | | | | |
|  |  | No | | |  | | | |  | | | | | | | | | | | |
|  |  |  | | |  | | | |  | | | | | | | | | | | |
| **18** | Have you previously been in a flexible training post? | Yes | | |  | | | |
|  |  | No | | |  | | | |
|  |  | |  | | | | | | | | | | | | | | | |  |
| **19** | If you answered “yes” to either of the above questions, please state the start date and end date of the post, or most recent post if more than one: (DD-MM-YYYY) |  | |  | | |  |  | | |  |  |  |  | |  |  |
|  |  | |  | | |  |  | | |  |  |  |  | |  |  |
|  | Start date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
|  |  |  | |  | | |  |  | | |  |  |  |  | |  |  |
|  | End Date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
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| **Section E – Reason for Application to National Flexible Training Scheme** | | | | |
|  | | | |
| **20** | Please outline below your reasons for seeking a position on the National Flexible Training. You may attach additional sheets, medical certs or other documentation as required. Please note that all information provided in this section will be treated as confidential by NDTP. | | | | |
|  |  | | | | |
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*NFTP Stage 1 Application Page 4*

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| **Section F – Proposed Structure of Flexible Training** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  |  |  | |  |  | |  |  |  |  | |  |  |
| **21** | Proposed start date for flexible training: |  |  | | ▬ |  | |  | ▬ |  |  | |  |  |
|  |  |  |  | |  |  | |  |  |  |  | |  |  |
| **22** | Proposed end date for flexible training: |  |  | | ▬ |  | |  | ▬ |  |  | |  |  |
|  |  |  |  | |  |  | |  |  |  |  | |  |  |
| **23** | Proposed % work commitment: | **50%** | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | |
| **24** | Proposed clinical practice working pattern (e.g. 2 days on/3 days off; one week on/one week off; 2.5/2.5 per week; 5 mornings a week etc.) |  | | | | | | | | | | | | |
|  | *Note: working pattern must be over a reference period of 2 weeks i.e. at least 50%. of every 2-week period must be worked* |
|  |  |  | |  | | |  | | | | | | | | |
| **25** | Details of the Post due to commence in July 2017 |  | |  | | |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section G – Declarations** | | | | | | | | | | | | | | | | | | | | | | |
| * I have discussed my reason for seeking part-time training with my training scheme prior to applying. * I agree to adhere to the minimum hours per week including education release time and out of hours commitment as required by the training body * I have informed my future training post of my decision to train part-time * I understand that I will not be able to accelerate my training * All assessments have been satisfactorily completed to date | | | | | | | | | | | | | | | | |
| **Section H – Signature** | | | | | | | | | | | | | | | | | | | | | | |
| **25** | Signature of Applicant: |  | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  |
| **26** | Printed name of Applicant: |  | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  |
| **27** | Date (DD-MM-YYYY): |  |  | | ▬ | |  | |  | | ▬ | |  | |  | | |  | |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Submission of completed form:**

Please return the completed application form:

1. by e-mail to [Assumpta.linnane@hse.ie](mailto:Assumpta.linnane@hse.ie)

AND

1. Original signed copy by post to Ms. Assumpta Linnane, HSE National Flexible Training Scheme Coordinator, National Doctors Training & Planning, Room 2.41 Dr. Steevens’ Hospital, Dublin 8.

Queries to: Assumpta Linnane

E: [Assumpta.linnane@hse.ie](mailto:Assumpta.linnane@hse.ie)

T: 01 635 2052

##### Appendix B:

**Stage 2: Detailed Application Form for HSE National Flexible Training Scheme**

*Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

Note - This form must be completed and signed by:

1. The applicant

**And**

1. The relevant training body representative (Dean / National Specialty Director)

**And**

3. The relevant employer representative (HR Manager / Medical Manpower Manager / Hospital Manager)

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1 – Personal Details** | | | |
| ***(To be completed by Applicant)*** | | | |
| **1** | First Name: |  |  |
|  |  |  |  |
| **2** | Last Name: |  |  |
|  |  |  |  |
| **3** | E-mail Address: |  |  |
|  |  |  |  |
| **4** | Mobile Telephone Number: |  |  |
|  |  |  |  |
| **5** | Medical Council Registration Number: |  |  |
|  |  |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For HSE Use only: |  | | | | |
| HSE Date of Receipt | HSE Ref: |  | | | |
| Reviewed: |  | | | |
| Date: |  | | | |
| Signed: |  | | | |
| NDTP official: |  | | | |
|  | Status: |  | | | |
|  | Post: | Database ref: |  | TB ref: |  |

*NFTP Stage 2 Application Page 2*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| **Section 2 – Details of Training Programme** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(To be completed by Training Scheme & Training Body Representative)* | | | | | | | | | | | | | | | | | | | | | | |
| **6** | | Name of Training Body: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | |  | | | | |  | | | | | | | | | | | | | |
| **7** | | Name of Programme: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **8** | | Original date of entry onto Programme: (DD-MM-YYYY) |  | | |  | | | | ▬ | |  | | | |  | | ▬ | |  | |  | | |  | |  |
|  | |  |  | | |  | | | |  | |  | | | |  | |  | |  | |  | | |  | |  |
| **9** | | Original expected date of completion of training:  (DD-MM-YYYY) – based on full-time training |  | | |  | | | | ▬ | |  | | | |  | | ▬ | |  | |  | | |  | |  |
|  | |  |  | | | | | |  | | | | |  | | | | | | | | | | | | | |
| **10** | | Duration of training completed to date: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | | Duration of training remaining (on a full-time basis) prior to award of CSCST: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | | Is the Training Body supportive of the trainee’s application for flexible training? | Yes | | | | | |  | | | | | | |
|  | |  | No | | | | | |  | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **13** | | Proposed date of commencement for next period of flexible training: |  | |  | | ▬ | | | |  | | | |  | | ▬ | |  | |  | | |  | |  | |
|  | |  |  | |  | |  | | | |  | | | |  | |  | |  | |  | | |  | |  | |
| **14** | | Proposed date of completion of flexible training: |  | |  | | ▬ | | | |  | | | |  | | ▬ | |  | |  | | |  | |  | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **15** | | Proposed host institution for applicant (name of hospital / service): |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **16** | | Name of trainer to whom trainee will be assigned: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **17** | | Proposed % of full-time working which the training body is in agreement with: | **50%** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |

*NFTP Stage 2 Application Page 3*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **18** | Proposed clinical work pattern | Typical weekly timetable (exclusive of on-call commitments)  *State “work” or “off” in each box as appropriate* | | | | | | |
|  |  |  | | | AM | | PM | |
|  |  | Monday | | |  | |  | |
|  |  | Tuesday | | |  | |  | |
|  |  | Wednesday | | |  | |  | |
|  |  | Thursday | | |  | |  | |
|  |  | Friday | | |  | |  | |
|  |  | Saturday | | |  | |  | |
|  |  | Sunday | | |  | |  | |
|  |  | | |  | | | | |
|  |  | If the working pattern is different in the second of the 2-week reference period, please complete the table below in respect of the second week  Typical weekly timetable Week 2 (exclusive of on-call commitments)  *State “work” or “off” in each box as appropriate* | | | | | | |
|  |  | |  | | AM | | PM | |
|  |  | | Monday | |  | |  | |
|  |  | | Tuesday | |  | |  | |
|  |  | | Wednesday | |  | |  | |
|  |  | | Thursday | |  | |  | |
|  |  | | Friday | |  | |  | |
|  |  | | Saturday | |  | |  | |
|  |  | | Sunday | |  | |  | |
|  |  | | |  | | | | |
| **19** | Proposed on-call commitment: | Typical Full-time on-call commitment: | | | | | 1 in |  |
|  |  |  | | | | | | |
|  |  | Pro-rata on-call commitment: | | | | | 1 in |  |
| **20** | Proposed educational commitment (day release – GP Only) |  | | | | |  |  |
|  |  | | |  | | | | |
| **21** | Name of Training Scheme Director  Signature of Training Scheme Director  Name of National Specialty Director (or Dean of Training Programme) | | |  | | | | |
|  |  | | |  | | | | |
|  |  | | |  | |  | | |

Training Body representative: please sign accompanying signature page (page 5)

*NFTP Stage 2 Application Page 4*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  | |  | | | | | | | | |
| **Section 3 – Employment Details for post as agreed with Training Body** | | | | | | | | | | | | | | |
| *(To be completed by Employer representative – HR Manager / Medical Manpower Manager / Hospital Manager/Primary Care Manager)*  *Employers please note that NDTP will transfer the basic salary cost and employer’s PRSI to the hospital / service and will transfer the WTE for the duration of the flexible trainee’s period of employment at the hospital / service whilst in an approved flexible training post.* | | | | | | | | | | | |
| **21** | | Name of Employing Authority: |  | | | | | | | | | | | |
|  | |  |  | | |  | |  | | | | | | |
| **22** | | Address of Employing Authority: |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | |
| **23** | | Is the Employer supportive of the trainee’s application for flexible training within the capacity of the service / department and within the proposed start and end dates and within available funding? | Yes | | |  | | |
|  | | No | | |  | | |
|  | |  |  | | |  | | |
|  | | *Employers should note that the funding available for flexible trainees is for the trainee’s salary and associated employer’s PRSI. Other costs, including on-call, other additional payments, trainers’ grants etc. are not available within the NDTP funding for this programme.* | | | | | | | | | | | |
|  | |  |  | | |  | | |
| **24** | | Does the Employer approve of the proposed work pattern and on-call commitment for the proposed flexible training post? | Yes | | |  | | |
|  | | No | | |  | | |
|  | |  | | | | | | | |  |  | |
| **25** | | Comments from Employer  *The Employer should use the box below to provide any comments on the application, if required.* | | | | | | | | | | |
|  | |  | | | | | | | | | | |

Employer: please sign accompanying signature page (page 5) *NFTP Stage 2 Application Page 5*

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| **Section 4 – Signatures** | | | | | | | | | | | | | |
|  | | | | | | | | | |
| **26** | Signature of **Applicant**: |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Date: |  | | | | | | | | | | |
| **27** | Signature of **Training Body** representative:(Must be Dean/NSD) |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Printed Name of Training Body representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Title of Training Body representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Date: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
| **28** | Signature of **Employer**’s representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Printed Name of Employer representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Title of Employer representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Date: |  | | | | | | | | | | |

**Submission of completed form:**

Please return the completed application form:

1. by e-mail to [Assumpta.linnane@hse.ie](mailto:Assumpta.linnane@hse.ie)

AND

1. Original signed copy by post to Ms. Assumpta Linnane, HSE National Flexible Training Scheme Coordinator, National Doctors Training and Planning, Room 2.41, Dr. Steevens’ Hospital, Dublin 8.

Queries to: Assumpta Linnane

E: [Assumpta.linnane@hse.ie](mailto:Assumpta.linnane@hse.ie)

T: 01 635 2052

Hard copy forms without the required three signatures should not be submitted to NDTP.