**Trainer Application**

1. **About the trainer:**

|  |  |
| --- | --- |
| **Trainer Name:** |  |
| **GMC Number:** |  |
| **Entry on the specialist register:** | **General / Old Age / Child and Adolescent /Forensic / Learning Disability** |
| **Date of last NHS appraisal** |  |
| **Date of last certificate of good standing for CPD** |  |
| **Dates of completion of educational supervisor mandatory training:** | **MODULES 1- 4** |  |
|  | **MODULE 5 - 7** |  |

1. **About the post:**

|  |  |
| --- | --- |
| **Date of appointment to this consultant post** |  |
| **Brief description of post to include core educational opportunities**  |  |
| **Brief description of additional educational opportunities** |  |
| **Trainer Timetable****- specify supervision time** | **Mon**  | **Tues**  | **Weds** | **Thurs** | **Fri** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Trainee Timetable** **- specify supervision time****- identify clinical and non-clinical special interest days****- 6 session overlap with trainer (or 60% LTFT)** |  |  |  |  |  |
|  |  |  |  |  |
| **Confirm that the trainee has a designated desk space and lockable drawer** |  |
| **Confirm that the trainee has an allocated phone** |  |
| **Confirm that admin support is available for all aspects of the post including on call** |  |
| **Confirm which rota this post is associated with** |  |