



**Section C – Anaesthesia Regional Adviser’s approval**

This application has been discussed with me and I am satisfied that it forms part of a balanced training programme leading to the award of a CCT in Anaesthetics.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

**Section D – ICM or Pain Medicine Regional Adviser’s approval [if required]**

This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in ICM/Pain Medicine *[delete as required]* and conforms to the standards of the IBTICM/Faculty of Pain Medicine.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

**Section E – Details of OOPT/R post [to be completed by the applicant]**

Title of Post														
From	D	D	M	M	Y	Y	Y	Y	To	D	M	M	Y	Y
Duration	Mths				Request for CCT				Mths				If post less than fulltime, what is the % WTE?	%
Hospital name and address														
Head of Department														
Designated local supervisor														
Telephone														
Email														

**I enclose the following information to support my application:**

<b>1. For all Applications</b>	
<ul style="list-style-type: none"> <li>The objectives of the training, mapped against the appropriate units of the <i>'The CCT in Anaesthetics'</i> AND;</li> <li>A job description on hospital headed paper <b>or</b> details of the research project.</li> </ul>	
<ul style="list-style-type: none"> <li>A personal statement from the trainee of the specific objectives to be achieved.</li> </ul>	
<b>2. For training outside of the UK</b>	
<ul style="list-style-type: none"> <li>A statement from the competent authority<sup>1</sup> in the country concerned e.g Training Board, College or Faculty, confirming that the hospital is approved for training and detailing supervision arrangements;</li> <li>If no clear competent authority, or applicant planning to work with a non-governmental organisation/operational deployment with the Defence Medical Services, <b>please</b> seek advice from the RCoA Training Department before making any firm commitments.</li> </ul>	
<b>3. For training in the UK</b>	
<ul style="list-style-type: none"> <li>A statement from the hospital/university department confirming that the post will be covered by the same arrangements for study leave and supervision that apply to trainees in GMC approved posts</li> </ul>	
I confirm that to the best of my knowledge the above information is correct.	
Signed _____	Date _____
Name _____	
<p><b>Please forward the completed application to:</b>  <b>RCoA Training Department</b>  <b>The Royal College of Anaesthetists</b>  <b>Churchill House</b>  <b>35 Red Lion Square</b>  <b>London</b>  <b>WC1R 4SG</b></p>	

<sup>1</sup> Details of competent authorities, where known, can be obtained from the RCoA Training Department

**Section F – RCoA approval**

The OOPT/R described in this application is/is not *[delete as required]* in accordance with the requirements of the curriculum for a CCT in Anaesthetics and does/does not *[delete as required]* have the support of the RCoA.

**Comments**

Signed \_\_\_\_\_ RCoA stamp

Name \_\_\_\_\_

**Section G – IBTICM/FPM approval *[if required]***

The OOPT/R described in this application conforms/does not conform *[delete as required]* to the standards of the IBTICM/FPM *[delete as required]* and has/does not have *[delete as required]* its support.

**Comments**

Signed \_\_\_\_\_

Name \_\_\_\_\_

