**OOP Application Support - applicant to ask ES / CT and TPD\* & to complete this (all applications)** in order for your application for OOP to be considered you will need to attach this completed form to your application. **You must ensure that you provide full details of your intended OOP to your signatories**. You will need to submit your application giving 6 months’ notice of your intention to go on OOP.

\*Dual Accrediting trainees require signatures of both TPDs

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Applicant GMC Number:** |  |
| **OOP Type:** |  |
| **Dates of intended OOP:** |  |

**Declaration:**

By signing this form, you confirm the below:

* You are supportive of this OOP application.
* You have seen the documentation relevant to the type of OOP applied for listed below:

**OOP R – Research Proposal**

**OOP T – Job Description**

**OOP E – Supporting statement outlining what activities will be undertaken during OOP**

**OOP C – Supporting statement outlining what activities will be undertaken during OOP**

**OOP P – Supplementary OOP P application form**

* You have explained to the applicant that any changes to the request would need to be seen by yourself prior to submitting. Failure to do so could be a probity issue.

|  |  |
| --- | --- |
| **Educational Supervisor / College Tutor** | |
| **ES / Tutor Name:** | |
| **Email:** | |
| **Signature:** | **Date of Signature:** |

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| **Training Programme Director / Foundation TPD** | |
| **TPD / FTPD Name:** | |
| **Email:** | |
| **Signature:** | **Date of Signature:** |