|  |  |  |  |
| --- | --- | --- | --- |
| **For Office****Use Only:** | **Reference No:** | **Received:** | **Panel Date:** |
|  |  |  |

**Applicant name: Date of application:**

**Appendix 2: CESR secondment applications**

1) What sources have you used to identify the gaps you need to meet to achieve CESR in its totality? e.g. GMC website, college advisor, training programme director?

2) Please list the names and training roles of any individuals who you have consulted to establish that this activity will contribute to your attainment of a CESR.

Relevant correspondence / agreed summary of your discussion should be attached as (e.g.) a saved email file.

|  |  |  |
| --- | --- | --- |
| **Contact name** | **Email address** | **Role** |
|  |  |  |

3) Drawing on this advice, to what extent will this application enable you to complete CESR (fully as other training completed already) or partially (other training required later). Please attach:

1. any relevant correspondence you have had regarding this
2. an outline of what placements will be needed for complete attainment of CESR and your plan for undertaking these.

4) After this training, do you anticipate further secondments may be required? If so, please provide some indication of what may be required in future.

5) For this proposal’s secondment, please list the placement and supervisor you have identified (these must be secured in advance):

|  |  |  |  |
| --- | --- | --- | --- |
| **Site** | **Department** | **Dates** | **Agreed Supervisor** |
|  |  |  | NameRoleEmailPhone no. |
| Nature of what will be done during placement and how this will deliver the required competencies |  |
| **Site** | **Department** | **Dates** | **Agreed Supervisor** |
|  |  |  | NameRoleEmailPhone no. |
| Nature of what will be done during placement and how this will deliver the required competencies |  |
| **Site** | **Department** | **Dates** | **Agreed Supervisor** |
|  |  |  | NameRoleEmailPhone no. |
| Nature of what will be done during placement and how this will deliver the required competencies |  |
| **Site** | **Department** | **Dates** | **Agreed Supervisor** |
|  |  |  | NameRoleEmailPhone no. |
| Nature of what will be done during placement and how this will deliver the required competencies |  |

6) How will your competencies be assessed and recorded –e.g. what portfolio will you use and how will you access this?

7) Have you already applied to the GMC for a CESR?

8) When have you been advised you may be able to achieve CESR?

9) Have you considering re-entering specialty training, and if this might be an option for you, who have you taken advice from about this?