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

**Applicant name: Date of application:**

**SAS Development Fund Appendix 3: Non CESR related experiential learning to achieve competency**

1) Please indicate who has provided advice on how and where to achieve this competency, e.g. college advisor, Dean, Training Programme Director (**please attach any relevant correspondence in this regard**)

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

2) Please list or attach the usual specialty training requirements (e.g. duration, number and nature) for the particular competency you wish to acquire; see GMC website for your specialty (please do not include the whole document, just the extract relevant to this competency):

3) Please detail your placement(s):

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

4) How will your attainment of the relevant competencies be assessed and recorded? e.g. what portfolio or portfolio copy will you have access to during this time?

5) How will acquiring this competency benefit your clinical service and the patients you care for?

6) Have you discussed this additional service to be provided with your clinical lead / director?