

# Foundation Trainee – Taster Session Application Form

Guidance:

1. To apply for a taster session in your desired specialty, you must complete this application form in full including the approvals section and also complete a personal learning plan.
2. Applications for taster sessions must be received at the chosen department **AT LEAST 6 WEEKS** before the proposed taster week to allow for arrangements to be made within the department.
3. Applications for taster sessions must be discussed with and signed by your Educational Supervisor(s).
4. Applications will only be approved if they are received on time, are signed, sufficient study leave is available and clear objectives and achievements for the week are provided.
5. One the form is fully completed, and all authorisations have been received please send a copy of the application to the resident doctors study leave administrative team. You can email it to plh-tr.uhpstudyleave-residentdoctors@nhs.net
6. Trainees **must submit a report** on their Taster week to the Foundation Programme administrative team (details above) and their Educational Supervisor **within 1 month of completion of the taster session**. Please also upload a copy of the report to your e-portfolio as additional learning.

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| First Name |  | Surname |  |
| Grade |  | Current Department/Specialty |  |
| Contact Number |  | Email Address |  |
| Educational Supervisor Name |  |
| Proposed Specialty wishing to attend for taster week |  |
| Proposed Start Date |  | Proposed End Date |  |
| Please Note: All taster sessions should be one-week blocks (5 consecutive days) for best learning experience |

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| In the event your proposed dates are not available, please list some alternative suitable dates: |
| Alternative Dates 1 | Proposed Start Date: |  | Proposed End Date: |  |
| Alternative Dates 2 | Proposed Start Date: |  | Proposed End Date: |  |

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| Please give your reasons for wishing to undertake a taster week in the proposed specialty: |
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| What are your proposed learning objectives for the taster week and how do you think these will be achieved in the chosen specialty? |
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| APPROVALS REQUIRED |

These approvals confirm the above detailed taster week for the following dates:

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| Agreed Start Date: |  | Agreed End Date: |  |

PLEASE ENSURE THIS FORM HAS BEEN FULLY COMPLETED BEFORE SIGNING: ONCE THE FIRST SIGNATURE HAS BEEN ENTERED THE DOCUMENT WILL LOCK FOR EDITING AND WILL ONLY ALLOW ADDITIONAL SIGNATURES

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| **Educational Supervisor Approval**: I have discussed this application with the trainee and agree that this is a suitable specialty to attend for a taster based on the trainee’s PDPs and career planning |
| Signature: |  |
| Date: |  |

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| **Proposed Department Approval to attend for a taster session** |
| Signature: |  |
| Date: |  |

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| **Current Department Rota Approval for Leave** |
| Signature: |  |
| Date: |  |

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| **Trainee Declaration:** I have obtained all the necessary approvals to attend this taster block and will adhere to the guidance and requirements as set out in this application form. I also agree to complete a Taster Week Report after my taster week (within 1 month) and will send to the PGMC Foundation Team and my ES for review. |
| Signature: |  |
| Date: |  |