**West Midlands Core Surgery Training Programme**

**Placement and Swap Process - January 2020**



**DECLARATION FORM**

*(to be completed by AES and Trainee)*

*I confirm that I have read and understood the HEE WM Core Surgical Training placement swap process guidance document and that the information I have completed on the placement changes form is correct to the best of my knowledge.*

|  |  |
| --- | --- |
| **Trainee Name** *(please print)* | **Trainee Signature** |
|  |  |
| **E-mail Address** | **Date** |
|  |  |
| **Signed AES Statement**  ***This Trainee based on a review of their portfolio is making satisfactory progress to achieve an outcome 1 at their end of year ARCP.*** | |
| **AES Name & Trust/hospital:** *(please print)* | **AES Signature** |
|  |  |
| **E-mail Address** | **Date** |
|  |  |

**This document needs to be returned together with the completed placement changes form as detailed below**

*Trainees to complete the Placement Changes Form (as Trainee 1 only)* ***up to and including the section “Reason for Change -additional information\*”***

*\* (please include summary of portfolio progression and core surgery curriculum coverage achieved so far, areas remaining to achieve completion of core surgery competences including MRCS progress and attempts, career intention and evidence of activity to show commitment to specialty and excellence in training, how the swap will add value to your training and any relevant personal reasons)*

***All sections past this are for HEEWM staff only to complete.***

*The completed form together with this signed declaration should then be sent direct to:* [*senthurun.mylvaganam@nhs.net*](mailto:senthurun.mylvaganam@nhs.net) *and ccd to* [*programmes.wm@hee.nhs.uk*](mailto:programmes.wm@hee.nhs.uk) *(for reference only).*