**POSTGRADUATE SCHOOL OF OBSTETRICS & GYNAECOLOGY**

**Head of School: Mr R Cartmill, FRCOG, MMedEd**

**Placements Form 1 (August 2021)**

***For trainees in years 1,2,3,4 and year 5 if still in year 5 on 4th August 2021***

**Please Note: All sections must be completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **WMD Training Number:** | **On 4th August 2021which year of training will you be in** | **1 2 3 4 5** ***please circle*** |
| **If moving up mid-year please state date expected to move to next year of training**  |  |
| **On 4th August 2021 please confirm your training status (please circle)** | **Full Time/ Long term sickness absence/OOP/Maternity Leave****LTFT …….%** |
| **If not in post on 4th August 2021 please state expected date of return to training programme:** | **Date:** |
| **Preferred Hub (Please rank 1-3)** |
| **Northern** |  | **Central and South West** |  | **Central and East** |  |
| **Hospital Preference 1** | **Hospital Preference 2** | **Hospital Preference 3** |
|  |  |  |
| **Has intermediate scan training been applied for:** **If so, complete application form for intermediate modules****If currently undertaking intermediate scan training and not expected to complete by August 2021, please also re submit an intermediate scan application form which should include a Local USS ES update of progress and expected completion date.** | **yes/no****re submitting application: yes/no** |
| **Do you have any EXCEPTIONAL personal circumstances that need to be considered?****(Exceptional meaning major health issues under hospital care or children with major health problems, confidential information must be supplied to support). Specify:****If your top 3 choices are not available would you like to include your home postcode so we can aim to minimize travel distance? Yes/No (please circle).** **If yes to previous question - what is your home postcode?** **If you cannot be placed in your top 3 choices, are there any OTHER IMPORTANT FACTORS that the panel should take into account whether personal or training related? Specify:****Please note, unfortunately we cannot guarantee this.** |
| **Employment History** |
|  | **Name of Trust**  | **Date Commenced** | **Date Left** |
| **Present****Trust** |  |  |  |
| **Previous Trust** |  |  |  |

**Please return to** **Rotations.wm@hee.nhs.uk** **by 22.02.2021 23.59 hours**