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| **Trainee Details:** | |
| **Name:** |  |
| **Primary Email Address:** |  |
| **RCPI Identification Number:** |  |

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| **Training Programme Details:** | |
| Type of Training Programme – BST/HST: |  |
| Specialty: |  |
| Future Planned Placement:  (where known, please detail hospital and from and to date) | Hospital:  From:  To: |
| Expected Completion /CSCST date: |  |
| **Job Share:** | |
| Reason for application: |  |
| Intended Start Date for Job Share Post: |  |
| **Signature:** | |
| Applicants Signature: |  |
| Date: |  |

**For office use only:**

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| **National Specialty Director/Associate Director for BST GIM Approval:** | |
| Title: |  |
| Signature: |  |
| Date: |  |