

**Acting up to Specialist/Consultant
Application Form
DENTAL SPECIALTY TRAINEES ONLY**

Trainees must read the Acting Up guidance prior to completing and submitting this form.
Trainees must complete all sections of this form prior to submission to HEE, HEIW, NES, NIMDTA
including signatures of support, collecting written evidence, etc.

Section A: Trainee Information

Trainee Full Name		
Title		
Training Programme / Specialty		
GDC Number GMC if applicable		
Grade / Year of Training		
Current training post		
Address of current training post		
Current Employer / Training Provider Full name of the organisation		
Please confirm that you will be in your last year of training at commencement of the acting up post Please answer Yes or No Applications without confirmation that trainees are in their final training year will be rejected.		
CCST / End of Training Date		
Most recent RCP Date		
Recent RCP Outcome		
Email Address It is essential that you provide us with an email that will allow us to contact you whilst acting up.		
Mobile Number		
Section B: About the planned acting up post		
Title of acting up post		
Proposed dates	From	
	To	
Location of acting up post Full address		

Name of Supervising Consultant Whilst acting up	
Email Address of Supervising Consultant	
Structure of planned acting up post (where possible a timetable should be provided)	
Section C: Trainee declaration Insert ✓ to show compliance	
I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application.	
I have completed all relevant parts of the form and, to my knowledge, all information is correct.	
I have adhered to all guidance and provide evidence attached that the local education provider/Trusts affected are aware and supportive of this acting up and proposed timescales (losing Trust, gaining Trust and employer where this is not the same).	
I provide evidence attached that the acting up local education provider/Trust will fully fund the acting up opportunity (email or letter from relevant authority i.e. DME or deputy).	
I understand that I must not begin acting up until I have approval from HEE, HEIW, NES, NIMDTA.	
I am aware that I cannot act up without supervision being in place and I have provided details of my supervisory arrangements in Section B.	
I provide evidence of College approval. Where applicable	
I provide evidence of GDC approval. Where applicable	
Where you have been unable to tick any of the above boxes, please explain why in the field below. Failure to do this will result in your application form being returned.	

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Trainee Signature	
Date	

Section D: Training Programme Director Declaration Insert ✓ to show compliance
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I can confirm that the trainee is meeting all educational requirements, and this application is appropriate. I support the approval of this acting up period.	
I can confirm that the relevant trust(s) are aware of and have endorsed the acting up post. <small>Please attach written evidence from the trust which will have been obtained by the trainee. Approval cannot be given without this</small>	
The trainee will remain in their current post until the application receives HEE, HEIW, NES, NIMDTA approval.	

Where you have been unable to tick any of the above boxes, please explain why in the field below.
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Training Programme Director Name	
Signature	
Date	

Section E: Postgraduate Dental Dean or nominated representative approval

Is the acting up approved or declined?

Please enter Approved or Declined

Are there any conditions on the approval?

This may be proposed dates to be changed to fit with rotational changeover. If none, please write n/a.

If you have declined the application, you must complete the section below giving full reasons for your decision.

Postgraduate Dental Dean Name

Signature

Date

Please return by email to the Deanery / HEE Local Office		
For Office Use ONLY		
To be completed by HEE, HEIW, NES, NIMDTA Administration Team	Yes/No	Date
Complete application received		
Evidence of LEP/trust(s) agreement(s) provided		
PG Dean approval granted		
Trainee informed of outcome		
Details added to HEE, HEIW, NES, NIMDTA trainee data information systems		
Copy of approved form sent to: <ul style="list-style-type: none"> • Trainee • Losing Local Education Provider • Gaining Local Education Provider (if different from the above) • Employer (if different from the above) • Training Programme Director • Copy for Trainee File 		