

## Stage 1: Expression of Interest for HSE National Supernumerary Flexible Training Scheme

*Note: All forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

### Section A – Personal Details

1	First Name:	<input type="text"/>
2	Last Name:	<input type="text"/>
3	Postal Address:	<input type="text"/>
4	E-mail Address (mandatory)	<input type="text"/>
5	Home Telephone Number (optional):	<input type="text"/>
6	Mobile Telephone Number (mandatory):	<input type="text"/>
7	Work Telephone Number (optional)	<input type="text"/>

For HSE Use only:	
	HSE Ref:
	Reviewed:
	Date:
	Signed:
	NDTP official:
	Status:
HSE Date of Receipt	

## Section B – Medical Council Registration

**8** Name in which you are registered with the Medical Council (of Ireland)

**9** Medical Council registration number

**10** Please indicate (with an "X" in the appropriate box) the division of the Medical Council (of Ireland)'s register you are currently registered

(i) Trainee Specialist Division	<input type="checkbox"/>	
(ii) General Division	<input type="checkbox"/>	
(iii) Supervised Division	<input type="checkbox"/>	
(iv) Specialist Division	<input type="checkbox"/>	
(v) Not registered	<input type="checkbox"/>	

## Section C – Details of Training Programme

**11** Name of Training Body enrolled with:

**12** Name of Training Programme:

**13** Date of entry onto Programme: (DD-MM-YYYY)

**14** Current Year of Training:

**15** Year of Training from July 2023:

**16** Number of expected years of training remaining (on a full-time basis) prior to award of CSCST:

**17** Name of National Specialty Director (/Dean of Training Programme)

**18** Details of periods of leave taken on the scheme to-date (outside of normal annual and study leave undertaken)

Start date	End date	Time in weeks	Reason (sick, maternity, other)

Have all assessments been satisfactorily completed to date:

Yes

No

If No please provide details

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**Section F – Proposed Structure of Flexible Training**

23 Proposed start date for flexible training: 

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24 Proposed end date for flexible training: 

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25 Proposed clinical practice working pattern for 0.5WTE (e.g. 2 days on/3 days off; one week on/one week off; 2.5/2.5 per week; 5 mornings a week etc.)  
*Note: working pattern must be over a reference period of 2 weeks i.e. at least 50% of every 2-week period must be worked*  
*Note: Overtime is paid at single time extra until whole time equivalent hours are reached i.e. 39 hours per week.*

26 Details of the Post assigned to in July 2023 i.e. Specialty / Sub Specialty plus Location (if known)

## Section G – Declarations

You do not have to have contacted your training body at this point your application will still be considered but please do let us know if you have. Please note if you are successful stage 2 of the application will require a signature from your training body.

- I have discussed my reason for seeking part-time training with my training scheme prior to applying.
- I agree to adhere to the minimum hours per week including education release time and out of hours commitment as required by the training body
- I have informed my future training post of my decision to train part-time
- I understand that I will not be able to accelerate my training
- All assessments have been satisfactorily completed to date

**Please ensure all declarations have been reviewed and ticked if appropriate.**

## Section H – Signature

28 Signature of Applicant:

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29 Printed name of Applicant:

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30 Date (DD-MM-YYYY):

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## Submission of completed form:

Please return the completed application form by November 1<sup>st</sup> 2022

by e-mail to [ellen.odoherty@hse.ie](mailto:ellen.odoherty@hse.ie)

Queries to: Ellen O'Doherty  
E: [Ellen.odoherty@hse.ie](mailto:Ellen.odoherty@hse.ie)  
T: 01 695 9905

