

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 (ii) General Division (iii) Supervised Division (iv) Specialist Division (v) Not registered	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> <tr><td style="width: 40px; height: 25px;"></td></tr> </table>					

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

Section D – Previous Flexible Training

Please note that there is a limit of two years on the scheme, if you have been previously been in a flexible training post as part of this scheme for two years your application will not be considered. If this case you should contact your training body to discuss other options such as job-share arrangements.

19	Are you currently in a flexible training post?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

20	Have you previously been in a flexible training post?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

21 If you answered “yes” to either of the above questions, please state the start date and end date of the post, or most recent post if more than one: (DD-MM-YYYY)

Start date:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Date:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section E – Reason for Application to National Flexible Training Scheme

Please note that the HSE Flexible Training scheme is not the only route to train flexibly, job sharing arrangements allow trainees greater flexibility in terms of WTE, if you are interested in a job share arrangement you should contact your training body. Medical HR may be able to assist trainees wishing to work less than full time through the use of leave entitlements e.g. parental leave. If you are interested in post-reassignment (for instance staying in a similar geographical location) then you should contact your training body in the first instance.

22 Please outline below your reasons for seeking a post on the National Flexible Training Scheme. You may attach additional sheets, medical certs or other documentation as required. Please note that all information provided in this section will be treated as confidential by NDTP.

If you are applying on the grounds of :

- Responsibility for caring for others (e.g. children or elderly relatives)
- Physical and mental health
- Personal family circumstances
- Other personal circumstances

Please provide sufficient detail for the review/assessment process.

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:

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 1st 2022

by e-mail to ellen.odoherty@hse.ie

Queries to: Ellen O'Doherty
E: Ellen.odoherty@hse.ie
T: 01 695 9905

