**Medical (SAS) Continued Professional Development Application Form**

**Part 1 -** This form is for doctors applying for support towards CESR/Portfolio pathways. Please complete form electronically or in block capital letters and **send to** SASLEDIMGtutor@stgeorges.nhs.uk

|  |  |
| --- | --- |
| Full Name |  |
| Employee Number: *Found under your photo on your Trust ID Badge and on your payslip* |  |
| Work Email Address |  |
| Role |  |
| Grade |  |
| Where you work: *Department / Ward / Clinical Area* |  |
| Division |  |
| Start Date in the Trust |  |
| If applicable, please list courses you have attended since April 2023 |  |
| Contract end date (if applicable) *E.g.*  *if you are on secondment or a fixed term contract* |  |
| Appraisal Date |  |
| I am up to date with all required Mandatory and Statutory Training (MAST). *Yes/ No* *You can check your MAST training record on ARIS* |  |

**Your Educational Supervisor/Managers’ Details**

|  |  |
| --- | --- |
| Name |  |
| Email |  |

**Your Continued Professional Development Application**

|  |  |
| --- | --- |
| I am applying for: 1. CESR/Portfolio course
 |  |
| Course Provider  |  |
| Start Date |  |
| End Date |  |
| Cost of course  |  |
| 1. SAS approved course (see appendix 1)
 | Maximum £500  |

**Signature:**\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2** – Please provide details here of how this programme and outcomes aligns with your personal development, service needs and clinical service objectives.

**1. Knowledge**

**2. Skills**

**3. Your future career development / service improvement**

APPENDIX 1.

SAS supported courses:

* Medical ethics
* Duty of candour and its principles
* Preparing for the Consultant interview courses