**Application Form
for BAOMS MSP programme
 (previously called JTP OMFS supported by BAOMS)**

**Signatures/e-mails from your ‘local’ OMFS TPD/national MSP lead and AES are *essential.*
Form should be returned to BAOMS office.** Royal College of Surgeons of England,
35/43 Lincoln's Inn Fields, London. WC2A 3PE.
Email: office@baoms.org.uk

**Applicant Details –** date of application…………….

First Name ………………………… Last name……………………………………..

e-mail ………………………………………….. Gender (circle) Male / Female

GMC number ……………… (year Q \_\_\_\_\_\_) GDC Number ………………(year Q \_\_\_\_\_\_)

Current post / position …………………..……………………………………………..………………

Mobile Phone Number …………………..……………………………………………..………………

Date completed Taste of OMFS…………… Taste checklist verified by (e-mail)………………………

N.B. it will not be possible to refund your ISCP fees until you are fully enrolled with your placement (choose JTP OMFS, your level ‘Other’), been given global objectives, a learning agreement, and your TPD has also delegated TPD duties to the BAOMS MSP National Co-ordinator Patrick Magennis.

**OMFS Training Programme Director (local or MSP national lead)**

First Name ……………………….. Last name…………………………………..

e-mail …………………………………………………………..

TPD signature ………………………………………….. Date ………………………………….

**By signing this form the OMFS Training Programme Director confirms**

1. **Support for new application or approval of an annual renewal of membership of MSP OMFS**
2. **The trainee has been assigned an AES**
3. **They will organise an annual review of OMFS related training activity for the trainee.**
4. **If appropriate, the trainee is enrolled onto ISCP**
5. **If on ISCP they will ensure they give “Access” to Patrick Magennis (BAOMS MSP National**

**Co-ordinators) by giving them delegated as TPD status for this trainee.**

**Assigned Educational Supervisor**

**Responsible for setting Learning Objectives and Learning Agreement and monitoring ISCP/eLogbook to allow the TPD to make an informed decision to support (or not) renewal of membership of the MSP**

First Name ……………………… Last name……………………………………..

e-mail …………………………………………………………..

GMC number …………………………… GDC Number ……………………………

AES signature …………………………………………………………..

***Once completed – please return your form to the BAOMS office by ideally scanning and e-mailing it but e-mails from TPD and AES are also appropriate if meeting was online rather than face to face.***