**MERSEY TRAINEE PLACEMENTS AUGUST 2017/FEBRUARY 2018**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **NTN No:** |  |
| **Email:** |  | **Mobile No:** |  |
| **CCT date:** |  | **Current level:** |  |
| **Last ARCP result:** |  |
|  |
| **Previous appointments:** |
|  | **Date:** | **Hospital:** | **Supervising Consultant:** |
| **Hip 1** |  |  |  |
| **Hip 2** |  |  |  |
| **Knee 1** |  |  |  |
| **Knee 2** |  |  |  |
| **Upper Limb** |  |  |  |
| **Hand** |  |  |  |
| **Spine** |  |  |  |
| **Paediatrics** |  |  |  |
| **Foot & Ankle**  |  |  |  |
| **Trauma 1** |  |  |  |
| **Trauma 2** |  |  |  |
| **Others** |  |  |  |
| **Others** |  |  |  |
|  |
| **Teaching Attendance (2016 only):** | **UKITE/MCQ score:** |
| **Member of BOTA Executive Committee/STEC/national specialist committee/Mersey webmaster/Ian Braithwaite prize (2016 only):** |
| **Research grant (2016 only):** |
| **Randomised controlled trial primary author (2016 only):** |
| **Faculty on national course (2016 only):** |
| **Organisation help (2016 only):** |
|  |
| **Preferred placement :** |
| **1** |  |
| **2** |  |
| **3** |  |
| **Preferred specialty (if unable to accommodate preferred placement:** |
| **Any special circumstances you would wish to be taken into consideration?** |
| **Are you on track with SAC indicative numbers?** | **YES/NO** |
| **Date passed FRCS (T&O):** |  |
| **Date sitting FRCS (T&O):****(you need to have completed hip, knee, shoulder, hand, spine, paediatrics and trauma placements)** |  |

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| --- | --- |
| **SELF-ASSESSMENT**  | **YOUR SCORE** |
| **Seniority: ST3 = 0, ST4 = 0, ST5 = 1, ST6 = 2, ST7 = 3, ST8 = 5 points** |  |
| **MCQ score: <50 = -1, 50-60 = 0, >60 = 1, >70 = 2, >80 = 4 points** |  |
| **Teaching attendance: < 70%= -2, 70-80% = 1, >80% = 2 points** |  |
| **Membership of committee = 2 points** |  |
| **Research grant = 2 points** |  |
| **Lead RCT = 2 points** |  |
| **National committee = 1 point** |  |
| **Leadership role = 1 point** |  |
| **FRCS (T&0) examination = 3 points** |  |
| **TOTAL** |  |
|  |
| **TPD TO COMPLETE** |
| **POST 1:**  |
| **POST 2:**  |

**Please email completed form to Pam Palphreyman –** **pamelapalphreyman@nhs.net**