Application Form

# Role of Educational Supervisor / Named Clinical Supervisor (\*delete one)

**January 2022**

1. Name:
2. Position:
3. Base Hospital:
4. Department and Division:
5. GMC Number:
6. Have you completed:  
   1. The required modules in the Educator Training Resource Suite in eLFH? Yes/No  
   2. Equality and diversity training? Yes/No  
   *If ‘No’ – please attach any certificates which you feel are equivalent*
7. Can you take a foundation doctor/s? Yes/No
8. Are you currently a trainee? Yes/No  
   *If ‘Yes’ – please state year of training*
9. Have you engaged in job planning in the last round? Yes/No
10. Are you up to date with your appraisal? Yes/No
11. Have you discussed your aspirations at appraisal? Yes/No
12. Are there any ongoing investigations or unresolved complaints about your educational or clinical practice? Yes/No

**I confirm the above is correct.**

NAME:

SIGNATURE: DATE:

Please return this application form with:

* a single-page bullet point CV
* copies of your training certificates and/or screen shots demonstrating the completion of the training modules
* an electronic passport sized photo (this is for our Board of GMC Approved Trainers)

Please return to Aisling Hennessy, Medical Education Administrator – [educationalsupervision@ouh.nhs.uk](mailto:educationalsupervision@ouh.nhs.uk)