**Application Form for ATSM preferences**

Please return this form by email to by Midnight Sunday 6th November 2022 to Catherine Tarbet [ct555@medschl.cam.ac.uk](mailto:ct555@medschl.cam.ac.uk)

|  |  |  |
| --- | --- | --- |
| **Full Name:**  **NTN:** | | |
| **Places worked** | **Grade** | **Dates for each level**  **(If LFTT, please state % worked)** |
|  | ST1 |  |
|  | ST2 |  |
|  | ST3 |  |
|  | ST4 |  |
|  | ST5 |  |
| **Date expect to start ST6** |  |  |
| **Part 3 MRCOG passed** |  |  |
| **Ultrasound competencies passed:** | **basic** |  |
|  | **intermediate** |  |

|  |  |
| --- | --- |
| **Preferred ATSMs** | **Please give combination** (e.g. ALWP and High Risk Pregnancy) |
| **1** |  |
| **2** |  |
| **3** |  |
|  |  |
| **Preferred Unit for ST6**  please rank your preferred units |  |
| **1** |  |
| **2** |  |
| **3** |  |

Any other additional relevant information eg planned maternity/ adoption leave

|  |
| --- |
| **My ideal consultant job would be:** (250 words or less) |
| **How are you eligible for your chosen ATSMs?:** (250 words or less) |
| **I will / will not be attending for interview on Microsoft teams –interviews to be held date TBC**  (delete as necessary)  *I understand if I am unable to attend, I will be allocated a unit* |
| **Name of referee** |
| **Reference attached: Yes or No** |