



**ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH**

50 Hallam Street, London W1W 6DE  
Telephone 020 7307 5600 / Fax 020 7307 5693

**APPLICATION FOR PROSPECTIVE APPROVAL  
OF TRAINING TO BE UNDERTAKEN IN A LOCUM APPOINTMENT FOR TRAINING (LAT)  
TOWARDS HIGHER SPECIALIST TRAINING IN PAEDIATRICS**

**LAT FORM**

Please read the following notes carefully before completing the form overleaf.

A Locum Appointment for Training (LAT) arises when a vacancy occurs in a training programme which it is agreed could offer CCT training instead of simply requiring service cover.

The entry criteria for a LAT in paediatrics are the same as for a paediatric SpR training programme. (For further information please see the RCPCH Paediatric Training Handbook).

LATs will last not more than one year unless there is an exceptional reason for a longer period.

Where a LAT is for a year or longer, formal review and assessment arrangements for the trainee, similar to those required in a CCT training programme, will be necessary. For shorter appointments, an exit assessment should be undertaken and documented.

It is *essential* that trainees obtain, and retain a record of, prospective approval given to any training undertaken in a LAT post. Please ensure that the following form is completed correctly and that all the information is provided in the detail requested.

Please note that a separate LAT form should be completed for *each* LAT post undertaken.

*It should be noted that non-NTN holders who undertake an approved LAT may or may not find that it is accredited towards their higher specialist training programme when an NTN / VTN is subsequently gained. This decision is at the discretion of the RCPCH Regional Adviser / Regional Specialist Training Committee of the region in which the NTN / VTN is awarded.*

Trainees are advised to consult the Department of Health publication - A Guide to Specialist Registrar Training (February 1998) – for further general information about LAT posts and SpR training. Copies are available from the local Deanery office or via the Department of Health website:  
[www.doh.gov.uk/medicaltrainingintheuk/orangebook.htm](http://www.doh.gov.uk/medicaltrainingintheuk/orangebook.htm)

## APPLICATION PROCEDURE

### I. On Appointment to the LAT

1. Trainee to complete Sections 1, 2, 3, 4, 5 and 6 of the form.
2. Trainee to attach a current CV which should give a detailed career history of all postgraduate medical appointments. For *each* post listed, including overseas and research posts, please provide an outline of the duties undertaken, including on-call rota / shift, name(s) of supervising consultant(s), and the full address of the hospital / centre. Any locum posts must be clearly indicated as such. For any fellowship or research period that involved both research and clinical commitments, please state the number of sessions spent in each area per week. Any significant periods of absence from training posts involving several weeks or months, eg long-term sick leave or maternity / paternity leave, must be indicated stating the exact dates (day, month and year) on which the leave started and finished.
3. Trainee to send form and CV to the Paediatric Regional Adviser of the region in which the LAT post will be held for signature in Section 8. If the details requested in Section 7 are available to the Regional Adviser, this section may also be completed.
4. Trainee or Regional Adviser (as appropriate) to send form and attached CV to the Programme Director / STC Chairman for signature in Section 8 (if required by the region). If Section 7 has not been completed by the Regional Adviser, this section may also be completed.
5. Programme Director / STC Chairman / Regional Adviser to return form to trainee.
6. Trainee to send form and attached CV to the Postgraduate Dean of the region in which the LAT post will be held for signature in Section 8.
7. Deanery to return form to trainee.
8. *Trainee to add the original completed form to their portfolio / personal records.*

### II. On the Award of a Paediatric NTN / VTN

***The following procedure should be followed only when the trainee has been successful in gaining entry to a Paediatric CCT programme and has been awarded an NTN / VTN:***

9. Trainee to extract LAT form from their portfolio and complete Sections 9 and 10.
10. Trainee to update CV, providing full details as outlined in I.2, and attach to form.
11. Trainee to obtain and attach evidence of satisfactory performance in the LAT post to the LAT form. Where a RITA assessment was undertaken by the Deanery in which the LAT was held, a copy of the RITA form, duly signed by both the STC Chairman and the trainee, should be submitted. In the event that the duration of the LAT appointment was such that no RITA assessment was carried out by the Deanery, original documentary evidence of satisfactory performance and successful completion of the post should be provided, for example letters of confirmation / references from the consultants who supervised the trainee during the LAT.
12. Trainee to send LAT form, evidence of satisfactory performance and CV to the Paediatric Regional Adviser of the region in which the NTN / VTN has been awarded. Regional Adviser to record the duration of training obtained during the LAT which has been recognized by the region / deanery as contributing to the applicant's HST within their CCST programme, in Section 11, and sign.
13. Trainee or Regional Adviser (as appropriate) to send form, evidence of satisfactory performance and attached CV to the Programme Director / STC Chairman, for signature in Section 11 (if required by the region).
14. Programme Director / STC Chairman / Regional Adviser to return form to trainee.
15. Trainee to send form, evidence of satisfactory performance and attached CV to the Postgraduate Dean of the region in which the NTN / VTN was awarded, for signature in Section 11.
16. Deanery to return form to trainee.
17. *Trainee to take photocopies of signed LAT form and evidence of satisfactory performance, and add copies to their portfolio / personal records.*
18. *Trainee to forward original signed LAT form, evidence of satisfactory performance (either copy of RITA as issued by Deanery or original letters of reference from supervising consultants) and detailed CV, to the HST office at the RCPCH, together with HST enrolment documentation. (If information on HST enrolment is required, please contact the HST office at the RCPCH to request further details prior to the submission of this LAT form).*



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**LAT FORM**

Please complete this form in block capitals using black ink.

**SECTION 1 : PERSONAL DETAILS (A) - to be completed by applicant**

Surname / Family name:		Date of birth ( <i>ddmmyy</i> ):	
Forenames ( <i>in full</i> ):		Male / Female ( <i>circle as appropriate</i> )	
GMC registration: Full / Limited ( <i>circle as appropriate</i> )	GMC registration number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Do you currently hold an NTN / VTN ? Yes / No ( <i>please circle</i> )			
If yes, please state: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>			
Correspondence address:			
Postcode			
Telephone:	Fax:	e-mail:	

**SECTION 2 : PRIMARY MEDICAL QUALIFICATION - to be completed by applicant**

Title	Date awarded ( <i>as stated on certificate</i> )	Name of issuing body

**SECTION 3 : POSTGRADUATE QUALIFICATIONS - to be completed by applicant**

Title	Date awarded ( <i>as stated on certificate</i> )	Name of issuing body

**SECTION 4 : SUMMARY OF PREVIOUS TRAINING - to be completed by applicant**

Title of post <i>(including grade &amp; specialty)</i>	Date started <i>(day, month &amp; year)</i>	Date finished <i>(day, month &amp; year)</i>	Full time or Part time*	Name of hospital and country

\* where part time, please indicate number of sessions worked per week

**SECTION 5 : DETAILS OF LAT - to be completed by applicant**

<p>I confirm that I have been appointed to a Locum Appointment for Training at -</p> <p>Department:</p> <p>Name of hospital:</p> <p>Address of hospital <i>(in full)</i>:</p> <p>Postcode</p>		
<p>Paediatric specialty:</p>		
<p>Region / Deanery:</p>		
<p>Appointment from: <i>(day, month &amp; year)</i></p>	<p>Appointment to: <i>(day, month &amp; year)</i></p>	<p>Appointment for:                      months</p>
<p>Full time / Part time <i>(circle as appropriate)</i></p>		<p>If part time, number of sessions per week:</p>
<p>Name(s) of supervising consultant(s):</p>		



**THE FOLLOWING SECTIONS TO BE COMPLETED ONLY IF A PAEDIATRIC NTN / VTN HAS BEEN OBTAINED:**

**SECTION 9 : PERSONAL DETAILS (B) - to be completed by applicant following appointment to a CCT programme**

Region / Deanery in which NTN / VTN has been awarded:		
NTN / VTN (please state number in full):		
	/	
	/	
Correspondence address of NTN / VTN holder (if changed from that given in Section 1):		
Postcode		
Telephone:	Fax:	e-mail:

**SECTION 10 : STATEMENT - to be completed by applicant**

<p>I confirm that I have been appointed to a Paediatric CCT programme and awarded the NTN / VTN stated in Section 9 above.</p> <p>I request approval for the training obtained in the LAT detailed in Section 5 to contribute towards my CCT programme.</p> <p>I attach documentation confirming my satisfactory performance in this post, and a current detailed CV (as outlined under 'Application Procedure').</p>	
Signature:	Date:

**SECTION 11 - to be completed by the Paediatric Regional Adviser, Programme Director/STC Chairman & Postgraduate Dean of the region in which the NTN / VTN was awarded**

<p>I confirm that the duration of training stated below and obtained during the LAT post detailed in Section 5 has been approved by the region / deanery and recognized towards the HST programme of the individual named in Section 1, who has been appointed to a Paediatric CCT programme within the region noted in Section 9:</p>	
Duration recognized towards core HST in general paediatrics:	months
Duration recognized towards core HST in community child health:	months
Duration recognized towards core HST in neonatal medicine:	months
Duration recognized towards core HST (other than that noted above):	months
Duration recognized towards post-core HST:	months
Signature of Paediatric Regional Adviser:	
Please print name:	Date:
Signature of Programme Director / STC Chairman (if required by the Region):	
Please print name:	Date:
Signature of Postgraduate Dean:	
Please print name:	Date: