



OOPE Form A

Out of Programme Experience (OOPE)
Detailed Prospective Application Form for OOPE prior to
CSCST in Radiation Oncology

The following application form must be completed and submitted in advance with required documentation for consideration by the Radiation Oncology Committee and Fellowship Advisory Committee (FAC) for pre-approval and confirmation of training credit for CSCST purposes.

SpR Name:	
Year of SpR	
Proposed date of OOPE: (DD/MM/YY format)	
Purposed Institution/Clinical Site:	
Title of OOPE:	
Duration: Amount of training time credit sought:	
Outline of Job Plan (can continue on separate page):	
Details of Programme/Curriculum (please supply copy of curriculum):	
Name of Course Coordinator/Course Administrator/Consultant trainer (or equivalent)	
Contact Details of Course Coordinator/Course Administrator: (address, telephone numbers and email)	
Any further information you feel would support your application:	
Proof of Letter of Offer:	
Please attach supporting documentation	

If OOPE is complete, you will be required to apply to the Faculty for your CSCST using the following Form B. Please note that if you take additional leave during your Fellowship this may affect the date for eligibility of CSCST.



OOPE
Form B

Out of Programme Experience (OOPE) Detailed
Retrospective Document Required for purposes of CSCST in
Radiation Oncology

SpR Name:	
Year of SpR:	
Date Final Fellowship (FFRRC SI) exam passed:	
Conferred with FFRRC SI	
Title of OOPE:	
Institution/Clinical Site:	
Duration of your OOPE:	
Details of Programme/Curriculum covered (please attach supporting documentation):	
Proof of completion of OOPE: (eg. letter from your supervisor advising of successful completion of OOPE to include commencement and completion dates)	
Name of your Course Coordinator/ Course Administrator/Consultant trainer (or equivalent):	
Contact Details of Course Coordinator/Course Administrator: (address, telephone numbers and email)	
Did you take any additional leave during the period of your OOPE:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise of dates and time taken: (Please note additional leave taken may affect the date of your eligibility for CCST)	
Updated Curriculum Vitae	
Have you attached all your supporting documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>