# Change notification form for work-based placement providers of the STP and HSST

This form is for departments accredited by the National School of Healthcare Science to provide training under the Scientist Training Programme and Higher Specialist Scientist Training.

All accredited training departments are required to notify the School if there is any significant change in circumstances which could affect the quality of training (for example, significant structural or staffing changes). If there are any such changes in your department, please complete this form and return it to [nshcs.accreditation@hee.nhs.uk](mailto:nshcs.accreditation@hee.nhs.uk)

The accreditation team will review the information provided and contact you if any further action is needed.

If you have any questions please contact - [nshcs.accreditation@hee.nhs.uk](mailto:nshcs.accreditation@hee.nhs.uk)

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| --- | --- |
| Trust |  |
| Department name |  |
| Head of Department |  |
| Head of Department - email address |  |
| Training Officer / Supervisor |  |
| Training Officer / Supervisor’s email and contact number |  |
| Programme (STP / HSST) |  |
| Specialty(ies) covered |  |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Description of change | Impact on training provision | Mitigating action proposed |
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| Any additional information or comments |
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