**Evidence of meeting requirements for STP Training Officer role**

*Please refer to the person specification and guide when completing this form*

|  |  |
| --- | --- |
| **Name** |  |
| **Email and tel. no** |  |
| **Job title** |  |
| **AfC band** |  |
| **Professional registration (provide number)** |  |
| **Trust, Hospital and Department** |  |
| **STP specialty** |  |
| **Trainee(s) if known** |  |

**1. Qualifications**

|  |  |  |
| --- | --- | --- |
|  | Title and awarding institution | Year obtained |
| Highest academic qualification in science |  |  |
| Training qualification |  |  |
| Other relevant (e.g. management/leadership) |  |  |

**2. Knowledge and Understanding**

|  |  |
| --- | --- |
|  | Y or N |
| I am familiar with the STP curriculum in my specialty |  |
| I have knowledge and understanding of the STP assessments |  |
| I have read and understood the Academy for Healthcare Science’s “Good Scientific Practice” (for details see the Academy for Healthcare Science website) |  |
| I am familiar with codes of practice and conduct for my profession |  |

**3. Experience**

|  |  |
| --- | --- |
| How long have you been in your current role? |  |
| How long have you been practising as a scientist? |  |
| Describe any previous experience of supervising trainees |  |
| Describe your experience of postgraduate research |  |
| Describe any previous experience of assessing competence |  |

**4. Training**

|  |  |  |
| --- | --- | --- |
|  | Y or N | When and where? |
| Have you attended National School of Healthcare Science train the trainer (or do you have a date for attendance?) |  |  |
| Have you had training in supporting workplace education? |  |  |

**5. Personal attributes**

This is a list of personal attributes needed as an effective Training Officer.

Please score yourself from 1 (needs improvement) to 5 (excellent) against each of these. Please note, your Head of Department will countersign your application and should consider your self-assessment as part of this. The main value of this reflection is for you and your department to identify any areas to work on.

|  |  |
| --- | --- |
|  | 1 - 5 |
| Well-organised, with good planning skills |  |
| Resilient and persuasive |  |
| Empathetic |  |
| A clear communicator |  |
| Flexible |  |
| Patient |  |
| Good networker |  |
| Role model |  |

**6. Support**

The following is a list of measures that should ideally be in place in your department to support you in your role as Training Officer.

|  |  |
| --- | --- |
|  | Y, N or n/a |
| The Training Officer role is included in my job description |  |
| Time is allocated for my Training Officer duties over and above my regular duties |  |
| There is a clear line of accountability for the training function |  |
| My performance as a Training Officer will be appraised as part of my performance review |  |
| I will be released to attend training myself, to develop me as a Training Officer |  |
| I will be released to participate in Training Officer networks in the trust and/or region |  |
| There is a clear mechanism for escalating any concerns about a trainee |  |
| Another individual has been identified as cover in the Training Officer role if I am absent |  |
| I have been allocated a ‘buddy’ in a similar role in another department |  |
| I will be mentored by a more experienced STP training officer from another department if necessary |  |
| I am actively supported by trust’s practice learning team |  |
| I am able to observe Training Officers of other STP trainees performing assessments |  |

**7. Signature and countersignature**

|  |  |
| --- | --- |
| **Applicant** | |
| Signature |  |
| Date |  |
| **Head of Department** | |
| I have read this document and support this application for approval as a Training Officer for the Scientist Training Programme | |
| Name |  |
| Signature |  |
| Date |  |