

**ICM NEW STARTER PLACEMENT ALLOCATION FORM – August 2025**

**[ London & KSS Resident Doctors ONLY- Local Process for Allocations]**

**This application form is ONLY for use by doctors that have been successfully appointed, via competitive interview, to a programme of training in the United Kingdom leading to a CCT in Intensive Care Medicine (ICM) [London & KSS doctors ONLY]**

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| Please note you will also be required to complete the FICM **Onboarding for the ICM CCT Programme** following allocation to a placement by the TPD/RA.<https://www.ficm.ac.uk/index.php/trainingexamsintensivistsintraining/onboarding-for-the-icm-cct-programme> |

This form can be used by doctors appointed to either the Single ICM CCT programme or a Dual/Triple CCT programme in Intensive Care Medicine.

**Dual and triple CCT Programmes with** Intensive Care Medicine**: doctors may still obtain Dual CCTs in ICM and a partner specialty** (e.g. Anaesthesia and Emergency Medicine) or **a Triple CCT in ICM and a medical partner specialty** (e.g. Internal Medicine and Acute Internal Medicine, Internal Medicine and Respiratory Medicine or Internal Medicine and Renal Medicine).

Entry to the single ICM CCT programme can occur via any one of three approved core training schemes: Acute Care Common Stem (ACCS), Core Anaesthetic Training (CAT), or Internal Medicine Training (IMT).

**This application form must be submitted to the respective London/KSS TPD email in word and pdf format.**

**Please read the instructions in this form carefully**. Full details of the training programme requirements and content are set out in the *ICM Curriculum: Supporting Excellence* available via [www.ficm.ac.uk](http://www.ficm.ac.uk)

**Data Protection Statement**

The information provided on this form will be processed and shared with those involved in the delivery of your training, namely Regional Advisors, Faculty Tutors, Postgraduate Deans, relevant deanery staff and the GMC. Sharing of the data in this way is necessary for you to progress through the ICM CCT Training Programme.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so. We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

**Part 1: Personal Details**

1.1 Title 1.2 Last name 1.3 First name(s)

1.4 Full address (**must** include postcode) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

1.7 Date of birth (*DD/MM/YYYY*) 1.8 Telephone number (*Mobile*)

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1.9 Email address 1.10 GMC Number

1.11 FICM Trustee College *(if applicable*) 1.12 Trustee College Reference Number

(e.g. RCoA/RCEM/RCP London etc) *(if applicable)*

**Part 2: Qualifications**

2.1 Primary Medical Qualification 2.2 Conferring University/Medical School

2.3 Date of Graduation (*DD/MM/YYYY*) 2.4 Primary Medical Qualification obtained in:

 **[x]** UK **[ ]** European Community **[ ]** Rest of World

2.5 Main Postgraduate Qualification. *Please also provide dates of completed exam (dd/mm/yyyy)*

**[ ]  FRCA** PrimaryFinal

**[ ]**  **MRCP (UK)** Part I Part II (PACES)

**[ ]  MRCEM Full (Parts A-C)**

**[ ]**  **MRCEM (Primary SBA and Intermediate SBA and OSCE)**

**MRCEM (Part B and OSCE or Intermediate SJP)**

**[ ]**  **MRCEM (Primary and SBA and OSCE)**

**[ ]**  **FRCEM (Primary and Intermediate SAQ and OSCE or Intermediate SJP)**

**[ ]**  **FRCEM (SBA and OSCE)**

2.6 Other Qualifications (*Please specify name of awarding body and date awarded*)

**Part 3: CCT Programme Details**

3.1 HST start date (*DD/MM/YYYY*)

3.2 Year of Training on entering the ICM CCT Programme **(MANDATORY)**

**[ ]** ST3 **[ ]** ST4  **[ ]** ST5

3.3 National Training Number(s) –if undertaking a Dual CCT programme please include **both** NTNs. Please note that in some Deaneries/LETBs these may be the same NTN but both programmes will be represented in the number. In this case, please put the same number in both boxes.

ICM NTN: Partner Specialty NTN:

 *(if applicable)*

 3.4 Please state whether you have been appointed to the:

 **[ ]** Single CCT programme **[ ]** Dual ICM programme

3.5 ICM CCT programme start date (*if not as 3.1*)

3.6 Dual CCT programme specialty (*if any – for medical specialties please specify*)

3.7 School of Anaesthesia, Medicine or Emergency Medicine 3.8 Deanery/LETB

 3.9 Please indicate whether your current post is: 3.10 If LTFT, state % of whole time

 **[ ]** Full Time  **[ ]** Less Than Full Time [LTFT]

 3.11 Please indicate if any of the following applies to you:

a) Are you an Academic Intensivist in Training (IiT)? [ ]  Yes [ ]  No

b) Are you a Military IiT? [ ]  Yes [ ]  No

c) Are you an International Medical Graduate (IMG)? [ ]  Yes [ ]  No

**Part 4: Previous Postgraduate Professional Training**

4.1 Core Training programme completed **(MANDATORY)** Please c*heck the appropriate box:*

**[ ]** Core Anaesthetic Training (2 Years) **[ ]** Core Anaesthetic Training (3 Years)

**[ ]** Internal Medicine Training(2 years) **[ ]  [ ]** Internal Medicine Training(3 years)

**[ ]** ACCS (Basic 2 years only) **[ ]** ACCS (Anaesthesia)

**[ ]** ACCS (Acute Internal Medicine) **[ ]** ACCS (Emergency Medicine)

**[ ]** Defined Route of Entry into Emergency Medicine (DRE-EM)

4.2 Please list in chronological order (earliest position on the top line), with **precise dates**, the previous training you have undertaken since leaving Foundation Training and **before** entry to the ICM CCT programme as well as training in ICM and any partner specialty training which may be counted toward the ICM CCT. In addition, if you want any of your overseas or non-training posts to be counted then also list them below. Please denote precise training years (e.g. CT1, ST3) and whether posts were Full Time, Less Than Full Time (LTFT) (including the % whole time equivalent (WTE) of the LTFT placement). If any posts were not substantive (e.g. locum or temporary), then this should be noted too.

**Please note that you must provide precise dates for all previous training. Forms submitted without precise dates cannot be processed and will be returned. Please show all relevant training at all levels and all dates, even if total periods exceed the minimum requirement. If necessary, please add additional lines to the table(s).**

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| **Previous training in Intensive Care Medicine** |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Anaesthesia** |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Medicine** ’Post’ requires information on subspecialty (e.g. acute, renal, respiratory) |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Emergency Medicine**  |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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**Part 5: Leave of Absence**

Please list, with **precise** dates, all periods of leave of absence for any reason other than your allocated annual leave and study leave (e.g. sickness, maternity, paternity). If necessary, please add additional lines to the table.

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| **Reason for period of absence** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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**Part 6: Membership Information**

6.1 Are you in good standing (i.e. are you up to date with your subscriptions) with your College?

**[ ]** Yes **[ ]** No

**Part 7: Applicant’s Declaration**

I wish to apply for Membership of the Faculty of Intensive Care Medicine and undertake specialist training in ICM. I undertake to give the Faculty prospective notice of any change in this training programme, e.g. if I am subsequently appointed to a Dual CCT programme if registering under a single ICM CCT programme.

I confirm that, to the best of my knowledge, all of the information I have provided in this application represents a true and accurate record. I understand that any serious misrepresentation or false information supplied with intention to mislead is a probity issue that may be reported to the GMC.

7.1 Signature of applicant\* (see below) 7.2 Date (*DD/MM/YYYY*)

**Part 8: Supporting Signatures**

**Placement allocation form to be signed by your ICM RA and TPD.**

**TRAINING PROGRAMME DIRECTOR IN INTENSIVE CARE MEDICINE**

I undertake to inform the Faculty prospectively of any change in this doctor’s ICM training programme.

8.1 Name 8.2 Hospital

8.3 Signature\* 8.4 Date (*DD/MM/YYYY*)

**REGIONAL ADVISOR IN INTENSIVE CARE MEDICINE**

I confirm that this doctor has been appointed, following open competition, to a programme of training that has the educational approval of the Postgraduate Dean, and which on satisfactory completion will allow a recommendation to the GMC so that they can be awarded a Certificate of Completion of Training in Intensive Care Medicine. The Regional Advisors in any relevant partner specialties have been consulted on the programme of training, will be involved in the assessment of training, and will generally be kept informed of the doctor’s progress.

I undertake to inform the Faculty prospectively of any change in this doctor’s ICM trainingprogramme.

8.5 Name 8.6 Region

8.7 Signature\* 8.8 Date (*DD/MM/YYYY*)

\* *Signatures:* Please include an electronic signature

**ADDITIONAL INFORMATION:**

If necessary, please add any additional information regarding your application below.