

VOC4 Provisional Vocational (specialist) registration

Additional information required for applications in psychiatry

Specialist Training in Child and Adolescent Psychiatry. Did you do a 6-month training rotation in Child & Adolescent Psychiatry? If yes, describe below. If no leave blank.							
Rotation start and end dates	Employment level	Hospital	Description of clinical experience*	On-call frequency and responsibility			

Specialist training in Consultant Liaison Psychiatry. Did you do a 6-month training rotation in Consultation-Liaison Psychiatry? If yes, describe below. If no leave blank.							
Rotation start and end dates	Employment level	Hospital	Description of clinical experience*	On-call frequency and responsibility			

*Note:

A description of your clinical experience should include:

- a. Typical number of patients seen per session and number of patients for whom you had responsibility.
- b. Diagnostic groups and approximate breakdown (e.g. for consultant liaison psychiatry (i) % of self-harm psychoses; (ii) % of psychosomatic disorder; (iii) % of delirium/dementia, etc).
- c. Demographic characteristics including age ranges of people treated and approximate breakdown (e.g. 15% under 5 years, 25% 12-18 years, 40% over 65 years).

Professional experience since completion of training								
Since completion of specialist training have you worked in (i) child and adolescent psychiatry services and, or (ii) consultant liaison psychiatry services. If yes, please describe below.								
Employment start and end dates	Employment level	Hospital	Description of clinical experience*	On-call frequency and responsibility				