**Change notification form for**

**Work-based placement providers**

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

All accredited training departments are required to notify the National 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 Rachael Peters, Project Manager on 0121 695 2446 or Kuldeep Dhillon, Project Manager on 0121 695 2457

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| **Department and Trust name** |  |
| **Head of Department** |  |
| **Training Officer/Supervisor** |  |
| **Contact Details** |  |
| **Date** |  |
| **Training Programme** |  |
| **Specialty(ies) covered** |  |

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