

Form A The aims and objectives of your visit

Trainees Name		Continent	
Deanery		Country	
NTN Number		Centre being visited	
CCST Date		Nominated supervisor	
Year of training for visit		Proposed dates	
		Length of visit	

Timetable

On-Call rota

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
lunch					
pm					
evening					

Expected aims of your clinical attachment