

## INSTRUCTIONS FOR COMPLETING FORM 1: ELIGIBILITY ASSESSMENT & LTFT TRAINING PLAN

*Please read the information below carefully before completing this form*

### **\*IMPORTANT INFORMATION\***

*In the eventuality that the form opened as a webpage, please ensure you save the form locally on your desktop before you begin completion. Please also ensure you have opened this application form in Adobe Reader DC (other versions may invalidate your signature). **DO NOT** begin completing this form if it has opened in an internet browser or PDF Previewer, as this will invalidate the digital signature fields and your form will be returned for re-completion. Please also note, this form cannot be completed using a smart phone, iPhone or iPad.*

Step by step **guidance for setting up a Digital ID** can be found below. Electronic form guidance for MAC users. We strongly recommend MAC users follow this guidance to ensure the form has opened with the correct software prior to completion.

**Digital ID set up guide (for both MAC and Windows) - Click Here**

<https://www.eastmidlandsdeanery.nhs.uk/page.php?id=799>

If required, **Adobe Reader DC is available to download for free** here:

<https://get.adobe.com/uk/reader/>

It is essential for you and the approvers of this form to insert your digital ID onto the **same form**. It is your (the trainee's) responsibility to obtain all signatures and email a **singular**, fully completed electronic form back to HEE for final approval. Hand written, posted or printed/scanned forms **will not be accepted** as this will deem the electronic approval fields unusable. If you are having problems with the form after reading the available guidance above please contact [ltft.em@hee.nhs.uk](mailto:ltft.em@hee.nhs.uk)

- Before completing this form you must ensure you meet at least 1 of the LTFT eligibility criteria detailed in the Gold Guide for your specialty (available on the website)
- Stages of the LTFT application: **1) Stage 1** – applicant to fill in part 1-5 and submit form;  
**2) Stage 2** – HEE,EM to fill in part 6 and inform of the outcome;  
**3) Stage 3** - applicant to agree LTFT with TPD, ES and HR and obtain their approvals on the form by filling part 7. **\*\*GP trainees will only need signature from their Programme Managers.**  
**5) Stage 4** – HEE,EM to confirm completion of LTFT application after receiving the form from the applicant (with all signatures).
- All information marked with an asterisk (\*) is **mandatory** and must be completed unless otherwise stated. Any applications missing mandatory information will be sent back for re-completion, causing delays.
- Form 1 should be submitted at least **3** months prior to the date you wish to commence LTFT training. The local team will not accept responsibility for forms that are submitted late, or delays caused by missing mandatory information/evidence.
- You are not permitted to commence LTFT training until you have had this form fully approved and returned to you by the HEE local team.
- Your proposed training plan is to be negotiated with your Educational Supervisor/Tutor and TPD/FTPD, and should demonstrate that you will continue to access all aspects of training relevant to the curriculum. The dates for the plan are proposed dates only; formal arrangements need to be agreed with your FTPD/TPD and medical staffing at the Trust / Practice in which you will be placed once your application has been approved. TPDs will also be able to provide you with details of your Educational Supervisor/College Tutor if you are not already aware of who this is.
- Confirming LTFT Eligibility does not guarantee that you will be able to train less than full time. This is dependent on the capacity to accommodate you in the training programme and available resources. Also, please be aware that it is not always possible to accommodate LTFT trainees immediately / on their chosen start date.
- If you wish to revert to full time training before your agreed end date you should discuss this with your TPD/Programme Manager, Educational Supervisor and Trust/Practice in the first instance. Once agreed by all, you must inform the LTFT Administrator straight away.

## LTFT Form

### Eligibility Assessment and LTFT Training Plan

#### Stage 1

1. Applicant's Personal Details					
Surname*		Email address *			
First Name*		Telephone number*			
GMC Number*					
<b>Are you a Tier 2 Visa holder?*</b> Visa issued <u>before 24/11/2016</u> – minimum salary <u>£20,800 pa</u> . Visa issued <u>between 24/11/2016 -06/04/2017</u> – minimum salary <u>£25,000 pa</u> initially and then <u>£30,000 pa</u> in any extension. Visa issued <u>after 06/04/2017</u> – minimum salary <u>£30,000 pa</u> . Please note that you will be required to provide evidence from your employer confirming that you meet the minimum required as LTFT.		Yes	No		
2. Current Training Details					
You are currently *	A Foundation Trainee	A Specialty trainee(core/higher/run-through)	A GP trainee	Not in a training programme	
<b>For Academic Trainees please note that `medical research will not be considered as a reason to request to train less than full time (point 6.74, Gold Guide, 6<sup>th</sup> Edition, Feb 2016)</b>					
Name of Training Programme/Specialty*		Level*		CCT date (if known)	
Name of the Trust/Practice/Medical School you are currently employed by*					
3. Proposed Flexible Training Plan					
(Please note that there is no guarantee that the flexible training plan proposed in this table may be accommodated.)					
The post I would like to train LTFT in is*	The <b>Foundation</b> Programme I am currently training in		The <b>Specialty</b> Programme I am currently training in ( <b>including GP</b> )		
	The <b>Foundation</b> Programme I have just been recruited to		The <b>Specialty</b> Programme I have just been recruited to( <b>including GP</b> )		
Name of Training Programme/Specialty I will be LTFT in*		Grade I will be working LTFT at*			
Name of Trust/Practice I will be working LTFT at (if known)		Proposed percentage of full time*			
Proposed LTFT start date*		Proposed LTFT end date*			
4. LTFT Eligibility Assessment*					
(When choosing one or more of the reasons below, please describe in a short paragraph your circumstances)					
<b>*Before you start, please confirm that you are happy with the information to be shared with other stakeholders (TPDs, Programme Managers, Co-ordinators, APD, ES, Medical Staffing) by ticking the box on the left side.</b>					
Category 1					
	<b>A Disability or ill health</b> Please note that we will require an Occupational Health report before assessing your eligibility. For this we will refer you to one of our OH specialists (based at NUH or UHL). If you agree with your details (address, GMC number, date of birth, email address, phone number and medical reason) being passed on to OH, <b>please tick the box on the left side.</b>				

Please provide a brief statement regarding your current medical reason	
	<b>B Responsibility for caring for children</b> Please note that if you are expecting your first baby, you will be required to apply for LTFT <b>after the baby is born.</b>
Please provide any comments that are relevant to your situation (including family/spouse support, home situation)	
	<b>C Responsibility for caring for an ill/disabled partner, relative or other dependant</b> Please note that before assessing your eligibility we may require a letter from the dependant's GP confirming that he/she requires caring.
Please outline your responsibilities	
<b>Category 2</b>	
	<b>A Unique opportunities</b> (e.g. training for national/international sporting events or a short-term extraordinary responsibility such as a national committee)
Please provide details of this	
	<b>B Religious commitment</b> that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
Please provide details of this	
	<b>C Non-medical development</b> e.g. management courses, law courses or fine arts courses
Please provide details of this	

5. Applicant's Declaration	
(Please note that you are required to tick all the relevant boxes before sending the form, otherwise it will be returned to you.)	
	I have discussed my intention to work LTFT with my Educational Supervisor or Current Consultant.
	I have discussed my intention to work LTFT with my Programme Manager & Programme Director ( <b>for GP only</b> )/Foundation School Director & Foundation Training Programme Director ( <b>for Foundation only</b> ) /Training Programme Director( <b>for the rest of specialties</b> ). <i>Please note that if you are changing Training Programmes you will have to liaise with the PM/FTPD/TPD for the Programme you wish to train LTFT in.</i>
	I understand and accept that training less than full time whilst supported by the Health Education East Midlands and considered by employers, is not an absolute right. It will depend on whether the placement is available and whether any additional costs that may be incurred can be met and service delivery maintained.
	I have discussed my LTFT training plan with the Local Royal College Advisor (This is to make sure the Royal College are informed giving them opportunity to raise any issues regarding your application). You may tick this box at a later stage, as you first need to have agreed LTFT with TPD, ES and HR.* <b>N/A for GP, Foundation, Public Health, Dental trainees.</b>
	I have read the information on Less Than Full Time Training (available on the website).
	In accordance with the new pay arrangements I understand that I will normally be expected to move between posts and rotations on the same basis as a full time trainee in the same specialty.
	I understand that personal information is recorded on HEE,EM databases and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training.
	I understand that I <b>am not normally permitted</b> to engage in any other paid employment whilst undertaking LTFT training, including <b>planned</b> locum work.
	I understand that I must submit a <b>renewal LTFT training plan</b> each time I rotate to a new placement Trust or Practice, and/or if I change the percentage I'm working at.* <b>N/A for GP and Foundation trainees.</b>

	I understand and accept that I may be required to train (a) as a supernumerary trainee in a slot/post, (b) as part of a slot share or, (c) less than full time hours in a full time slot and that this may vary from post to post and occasionally within posts, throughout my rotation.
	I agree that the information given in this application is accurate to the best of my knowledge and belief.
<b>If you are unable to tick any of the above, please provide comments below</b>	
<b>Applicant's Digital ID*</b>	

## Stage 2

6. HEE Approval (East Midlands to complete)			
		Yes	No
For Associate Postgraduate Dean for LTFT / Head of School of Primary care / Foundation School Director to complete:  <b>I confirm that the trainee is eligible to train LTFT*</b>		<i>If no, please state reason</i>	
		<b>Full Name *</b>	<b>E-mail Address*</b>
		<b>Digital ID*</b>	

## Stage 3

7. Agreed LTFT Training Plan (*GP&FoundationTrainees only need to complete part 6A*)			
<b>Part 6A</b>			
<b>Name of Training Programme/Specialty you will train LTFT in*</b>		<b>Agreed working percentage (%)*</b>	
<b>Agreed LTFT start date*</b>		<b>Agreed LTFT end date*</b>	
<b>Name of Trust/Practice you will be working LTFT at*</b>			
<b>PART 6B (**for all specialties except GP and Foundation Trainees**)</b>			
<b>Training Programme Director's Approval</b> <i>(I confirm the appointment of this applicant in open competition and I support this LTFT training application)</i>			
<b>TPD Name*</b>		<b>TPD e-mail *</b>	
<b>TPD Digital ID*</b>			
<b>Educational Supervisor's Approval (or Tutor)</b> <i>(I confirm that I support the LTFT timetable for this trainee and that the required educational needs and curricular requirements will be met)</i>			
<b>ES/Tutor Name*</b>		<b>ES/Tutor e-mail address*</b>	
<b>ES/Tutor digital ID*</b>			
<b>Medical Staffing/HR/Education Manager/ Programme Manager Approval</b> <i>(I confirm that the Trust will fund out of hours costs and is able to accommodate the LTFT arrangements detailed in this application)</i>			
<b>Medical staffing/Education Manager/Programme Manager name*</b>		<b>Medical staffing/Education Manager/Programme Manager email address*</b>	
<b>Digital ID*</b>			