

## INSTRUCTIONS FOR COMPLETING FORM 2: RENEWAL 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. Please **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 [tft.em@hee.nhs.uk](mailto:tft.em@hee.nhs.uk)

- Before completing this form, you must ensure you have agreed the LTFT details for your next rotation with the TPD, ES and HR.
- Submission of this form is to: *Confirm the change in your LTFT details (Trust and/or percentage).*
- 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 2 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.
- You are required to submit 'Form 2: Renewal LTFT Training Plan' in the following instances:
  - Each time you rotate to a different Hospital Trust (**\*N/A for GP and Foundation trainees**)
  - If you would like to change the percentage you are working at (**\*N/A for GP**)
- 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.
- Please be aware that it isn't always possible to accommodate LTFT trainee's immediately / on you 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.

**Please see our website for the LTFT policy, renewal application, and detailed FAQs**

## Form 2: Renewal LTFT Training Plan

1. Applicant's Personal Details				
Surname *		Email address *		
First Name *		Telephone number*		
GMC Number *				
<p><b>Are you a Tier 2 Visa holder?*</b>  <i>Visa issued before 24/11/2016 – minimum salary £20,800 pa.</i>  <i>Visa issued between 24/11/2016 -06/04/2017 – minimum salary £25,000 pa initially and then £30,000 pa in any extension.</i>  <i>Visa issued after 06/04/2017 – minimum salary £30,000 pa.</i>                      Please note that you will be required to provide evidence from your employer confirming that you meet the minimum required as LTFT.</p>	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
<p><b><i>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)</i></b></p>				
Name of Training Programme/Specialty*		Level*		CCT date(if known)
Name of the Trust/Practice/Medical School you are currently employed by*				

3. Applicant's Declaration	
<i>(please make sure you tick all the boxes)</i>	
	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). <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 am <b>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 or 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.
Applicant's ID	

<b>4. Agreed LTFT Training Plan</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>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 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/HR/Education Manager name*</b>		<b>Medical staffing/HR/Education Manager e-mail address*</b>	
<b>Digital ID*</b>			