

Health Education England

FORM 1 - Return to Training (Pre-absence Planning and Absence Activities Form)

If possible, this Form should be completed by the trainee and their educational supervisor/college tutor before the trainee is due to go on absence e.g. planned sick leave, OOPC.

This MUST be completed for all absences of 3 months or more but should be used for certain absences of less than 3 months or if the Educational Supervisor or Trainee believe it will be useful.

Trainee Name	e:		Training Leve	el:			
GMC Number	:		School:				
	·						
Current LEP:			Educational Supervisor:				
Date of Absence and Duration:			Estimated return:	date of			
				·			
Reason(s) for	absence:						
Is Health one of the reasons for absence?							
Has an Occupational Health assessment been completed?							
Is a specialis aligned OH required?							
Are you happ programme t			(EM) and the traini	ing Yes		No	
Contact details during absence:							
Address:							
Email:			Phone number:				



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ARCP: Last ARCP date and outcome, ARCP recommendations, arrangements for ARCP prior to absence							
Summary of discussion between trainee and Educational Supervisor:							
 Keeping in contact with the School Keeping up to date Use of keeping in touch days (wheelease of Study Leave Concerns Return to Training Meeting Date Anticipated training needs on return 	re applicable)						
Trainee Signature – I am happy with the	Yes	No	Sign				
discussion and will ensure that the form is uploaded to my e-portfolio and is	163	NO	Name				
emailed to my TPD and/or College Tutor and the SuppoRTT Team at SuppoRTT.em@hee.nhs.uk			Name				
ES Signature – I confirm that the above	Yes	No	Sign				
discussion has taken place with the Trainee			Name				