

## Form 2 - RETURN TO TRAINING (Return to Training Planning Form)

Trainee Name:		Training Level:	
GMC Number:		School:	
Last LEP:		Last Educational Supervisor:	
Date of Absence and Duration:		Estimated date of return:	
Date of Planning Meeting:		New Educational Supervisor:	
		New LEP:	

Reason(s) for absence:	
Was Health one of the reasons for absence?	
Is there a recent Occupational Health assessment and plan?	
Is a specialist HEE (EM) aligned OH assessment required?	
Are there on-going health or health related issues?	
Does the employer need to consider making 'reasonable adjustments'?	

Intention to return to training full time or LTFT?	Full Time	LTFT at %
Is a phased return required?	Yes	No
Is an Enhanced Supervision Period Required	Yes	No

## Health Education England

Briefly Describe any relevant activities during the period of absence and **Confirm if and why an Enhanced Supervision Period is NOT REQUIRED**

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Briefly Describe the Return to Practice Transition anticipated:

Briefly Describe any Particular concerns about returning to Practice or Training:

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Briefly List any major training or Mandatory requirements to allow Return to Practice

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Trainee Signature – I am happy with the discussion and will ensure that the form is uploaded to my e-portfolio and is emailed to my TPD and/or College Tutor and the SuppoRTT Team at [SuppoRTT.em@hee.nhs.uk](mailto:SuppoRTT.em@hee.nhs.uk)

Yes

No

Sign

Name

ES Signature – I confirm that the above discussion has taken place with the Trainee

Yes

No

Sign

Name

**PLEASE REMEMBER TO 1) UPLOAD FORM TO YOUR e-PORTFOLIO, 2) EMAIL FORM TO YOUR TPD/and/or COLLEGE TUTOR and 3) EMAIL FORM TO THE SuppoRTT TEAM AT [suppoRTT.em@hee.nhs.uk](mailto:suppoRTT.em@hee.nhs.uk)**