**FORM 4 - RETURN TO TRAINING (Enhanced Supervision Plan Review and Sign Off Form)**

The return review should take place at the end of the scheduled Enhanced Supervision period and again at the end of any extension to this period.

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| --- | --- | --- | --- |
| Trainee Name: |  | Training Level: |  |
| GMC Number: |  | School: |  |
| Duration of Absence: |  | Enhanced Period: |  |
| Date of Meeting: |  | Educational Supervisor: |  |

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| --- |
| **Summary of discussion between trainee and educational supervisor*** Summary of observed assessments, development and skills log
* Overall progress
* Outstanding concerns
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| What additional learning needs have been identified |
|  |
| Is an extension to the Enhanced Supervision Return to Training period necessary?If yes, please complete a new Plan for the Extended Enhanced Supervision period.If No, please complete the Return to Training sign off. | Yes | No |
| Comment: |

**Return to Training Declaration and Sign Off**

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| --- | --- |
| Return to Training Declarations and Sign off | Date |
| (Trainee Declaration) I feel confident in all respects to recommence usual duties and Training on / / I will upload the form to my e-portfolio and email the form to my TPD and/or College Tutor and the SuppoRTT Team at SuppoRTT.em@hee.nhs.uk  | Yes | No | Sign |
| Name |
| (ES Declaration) this trainee has demonstrated to me that they are able to return to their usual duties and Training | 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**