

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

Trainee Name:

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.

Training Level:

GMC Number:		School:						
Duration of Absence:		Enhanced Period:						
Date of Meeting:		Educational Supervisor:						
Summary of discussion between trainee and educational supervisor								
Summary of observed assessments, development and skills log								
Overall progress								
Outstanding concerns								
1								



What additional learning needs have been identified		
Is an extension to the Enhanced Supervision Return to Training period necessary?	Yes	No
If yes, please complete a new Plan for the Extended Enhanced Supervision period.		
If No, please complete the Return to Training sign off.		
Comment:		

Return to Training Declaration and Sign Off

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	Name
(ES Declaration) this trainee has demonstrated to me that they are able to return to their usual duties and Training	Yes	No	Name Sign