

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.

Trainee Name:		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

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

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