**FORM 5 - RETURN TO TRAINING (Extension to a period of Enhanced Supervision –Planning Form)**

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| --- | --- | --- | --- | --- | --- | --- |
| Trainee Name: |  | | Training Level: | |  | |
| GMC Number: |  | | School: | |  | |
| Enhanced Period No­­\_\_\_: |  | | Extra Enhanced Period: | |  | |
| Date of Meeting: |  | | Educational Supervisor: | |  | |
| **Overview of plan for extended supervised return to work period:** | | | | | | |
|  | | | | | | |
| **Required assessments in this period:**  These must include assessments of **observed** practice and may include SLEs and portfolio development and skills log evidence | | | | | | |
|  | | | | | | |
| Provisional date of next Review: | | | | | | |
|  | | | | | | |
| Record of Discussions with Senior School (TPD, HOS, Primary Care APD) or Senior HEE (EM) staff (Secondary Care APD, Dean, HOA) and LEP (Service lead and HR) | | | | | | |
|  | | | | | | |
| 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 named 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)