

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

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	Yes	No	Sign
			Name
ES Signature – I confirm that the above discussion has taken place with the named Trainee	Yes	No	Sign
			Name