# INSTRUCTIONS FOR COMPLETING

**FORM 1: ELIGIBILITY ASSESSMENT & TRAINING PLAN**

**Please read the information below carefully before completing this form**

* Before completing this form, you must ensure you meet at least 1 of the LTFT eligibility criteria detailed in the Gold Guide / HEE LTFT webpages
* Submission of this form is to: 1. Confirm eligibility to train LTFT; 2. Confirm approval for LTFT training by HEE; 3. Ensure your employer, Educational Supervisor, TPD and HEE are aware of these arrangements, 4. Confirm funding arrangements with your employer.
* All information marked with a red asterisk **\*** is mandatory and must be completed unless otherwise stated. Any applications missing mandatory information will be sent back for re-completion, causing delays.
* **This form should be submitted at least 3 months prior to the date you wish to commence LTFT training** where possible. The local team will not accept responsibility for forms that are submitted late, or delays caused by missing mandatory information/evidence.
* You are not permitted to commence LTFT training until you have had this form fully approved and returned to you by the HEE local team.
* You are required to submit 'Change to LTFT Training Plan’ in the following instances:
  + If you would like to change the percentage you are working at
  + Any change in your slot arrangements (e.g. if your slot share partner changes, or if you change from slot sharing to LTFT in a full time slot).
* If you are slot sharing you must ensure your slot share partner has submitted a matching training plan for approval.
* Your proposed training plan is to be negotiated with your Educational Supervisor/Tutor and TPD/FTPD and should demonstrate that you will continue to access all aspects of training relevant to the curriculum. The dates for the plan are proposed dates only; formal arrangements need to be agreed with your FTPD/TPD and medical staffing at the Trust / Practice in which you will be placed once your application has been approved. If you are unsure of who your FTPD/TPD is, please refer to this question in our LTFT FAQs and follow the instructions/links provided. TPDs will also be able to provide you with details of your Educational Supervisor/College Tutor if you are not already aware of who this is.
* Approval of this form does not guarantee that you will be able to train less than full time. This is dependent on the capacity to accommodate you in the training programme and available resources.
* Please be aware that it isn’t always possible to accommodate LTFT trainee’s immediately/on you chosen start date.
* **If you wish to revert back to full time training** before your agreed end date you should discuss this with your FTPD/TPD, Educational Supervisor and Trust/Practice in the first instance. Once agreed by all, you must inform HEE by emailing the relevant mailbox Specialty Trainees: [specialtyprogrammes.em@hee.nhs.uk,](mailto:specialtyprogrammes.em@hee.nhs.uk) GP Trainees: [gpprogrammes.em@hee.nhs.uk,](mailto:gpprogrammes.em@hee.nhs.uk)Foundation Trainees: [foundationprogrammes.em@hee.nhs.uk](mailto:foundationprogrammes.em@hee.nhs.uk) with confirmation that this can be accommodated and the date you will be reverting back to full time training.

**Please see our website for the LTFT policy and detailed FAQs**

**Is This a New Claim or Change in Plan (delete as appropriate)?**

**New LTFT Claim/Change in Plan**

**LTFT Form 1:**

**Eligibility Assessment & Training Plan for LTFT Training**

**1. Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname \*** |  | | **Maiden name** (if previously used in training) |  |
| **First name \*** |  | | **GMC / GDC number \*** |  |
| **Email \*** |  | | **Phone number \*** |  |
| **Are you a Tier 2 visa holder \*** | **Y or N** | **If yes,** please ensure this request means you still meet the minimum requirements of your visa | | |

**2. LTFT Reason & Supporting Evidence**

Please detail your reasons for requesting LTFT and any supporting evidence. This is to ensure the programme is offering the most appropriate support for your circumstances. The reporting categories differ for Doctors in Training versus Dentists in Training based on their respective Gold/Blue Guides.

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctors in Training** | | **Dentists in Training** | |
| *i. Trainees with a disability or illness* |  | *Category 1 - Disability* |  |
| *ii. Trainees with caring responsibilities* |  | *Category 1 - Responsibility for caring for children* |  |
| *iii. Welfare and wellbeing* |  | *Category 1 - Ill health* |  |
| *iv. Unique opportunities* |  | *Category 1 - Responsibility for caring for ill/disabled partner, relative or other dependant* |  |
| *v. Religious commitment* |  | *Category 1 (DFT) 2 (DCT and Higher) - Religious commitment* |  |
| *vi. Non-medical development* |  | *Category 2 - Unique opportunities for their own person/professional development* |  |
| *vii. Flexibility for training and career development* |  | *Category 2 - Non-medical development* |  |
| *viii. Other* |  | *Category 2 - Other* |  |
| *Please provide any further information here:* | | | |

**3. Current Training Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **I am currently a \*** | **Foundation trainee / Specialty trainee / Dental trainee / Military trainee** | | |
| **Name of programme \*** |  | **core / run-through / higher** | |
| **Training grade\*** |  | **current completion or CCT date \*** |  |
| **Name of Trust or GP Practice \*** |  | | |
| **If a GP trainee do you still have hospital placements to complete \*** | | | **Y or N** |

**4. Proposed LTFT Placement & Training Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **The post I would like to train LTFT is in \*** | | | |
| **the programme I am currently training in \*** | **Y or N** | **the programme I have just been recruited to \*** | **Y or N** |
| **Name of programme \*** |  | **Training grade \*** |  |
| **LTFT start date \*** |  | **LTFT end date** *(leave blank for permanent requests)* |  |
| **Name of Trust or GP Practice \*** |  | | |
| **LTFT % of full time \*** |  | (Full time = 100% and is equivalent to 10 sessions) | |
| **I confirm I have discussed my LTFT working timetable with my Educational Supervisor and it meets my curricular needs.** | | | **Y or N** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I will be working \*** (if unsure please contact HR at your Trust/lead employer) | | | | | |
| **A full shift rota** | **Y or N** | **An on-call rota** | **Y or N** | **In General Practice on a sessional basis** | **Y or N** |

**Please provide your proposed weekly timetable**

**5. Proposed LTFT Placement & Training Plan Approval**

**Local Educational Supervisor/Tutor Approval & Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I support the LTFT application** | | | |
| **ES/Tutor name** |  | **ES/Tutor email** |  |
| **ES / Tutor signature** |  | | |

**Training Programme Director or Head of School Approval & Declaration**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LTFT start date** | |  | | **LTFT end date** | | |  | |
| **LTFT % of full time** | |  | | **Type of slot arrangement for this trainee …** | | | | |
| **LTFT in a full-time post** | **Y or N** | | **Post slot-share** | | **Y or N** | **Supernumerary**  (only possible if prior HEE approval in place) | | **Y or N** |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm this trainee is eligible for LTFT training and therefore I support the application** | | | |
| **TPD/HoS name** |  | **TPD/HoS email** |  |
| **ES / Tutor signature** |  | | |

**6. Applicant Declaration – please ensure all boxes below are checked & ticked**

|  |  |  |
| --- | --- | --- |
|  | I have read the HEE policy on less than full time training **\*** | |
|  | In accordance with the new pay arrangements I understand that I will normally be expected to move between posts and rotations on the same basis as a full-time trainee in the same specialty **\*** | |
|  | I understand personal information is recorded on HEE databases and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training **\*** | |
|  | I have agreed my application with my Training Programme Director, and I give HEE permission to contact him or her regarding my application if necessary **\*** | |
|  | I understand I may now do additional paid work, including locums. This will not count towards my training time and must comply with the terms of my contract. I agree any additional work will form part of my practice and I will declare this on my Form R part B. **\*** | |
|  | I understand that if I wish to change the percentage at which I am training, I must complete and submit a 'Change in Plan' form **\*** | |
|  | I agree that the information given in this application is accurate to the best of my knowledge and belief **\*** | |
|  | I acknowledge that data will be collected to support the following processes and I will comply with the requirements of the General Data Protection Regulation (GDPR) **\*** | |
| **Applicant’s signature** | |  |

Please email your fully completed application form **and supporting evidence** to the relevant mailbox:

Foundation: [foundationprogrammes.em@hee.nhs.uk](mailto:foundationprogrammes.em@hee.nhs.uk)

Specialty/Dental: [specialtyprogrammes.em@hee.nhs.uk](mailto:specialtyprogrammes.em@hee.nhs.uk)

Public Health: [publichealth.midlands@hee.nhs.uk](mailto:publichealth.midlands@hee.nhs.uk)

GP: [gpprogrammes.em@hee.nhs.uk](mailto:gpprogrammes.em@hee.nhs.uk)

|  |  |  |
| --- | --- | --- |
| **For HEE office use only** | | |
| Date | Initials | Brief description of query and action taken |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**7. Form signed for HEE Approval**

|  |  |
| --- | --- |
| **I confirm this trainee’s eligibility to train LTFT** | |
| **Yes or No** | **If no, please state a reason** |
| **Signature** |  |