**SuppoRTT Coaching Application Form**

**Professional Support & Wellbeing Service**

**\*Please complete every section (Light Green) in full. Failure to do so may hinder the process and subsequently the support that can be offered by the PSW.**

**The form will be shared with the external coaching provider prior to the first session. Please give as much information as you feel comfortable with.**

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| 1. **Trainee Information** | | | |
| **Trainee name** |  | **GMC**  **number** |  |
| **Email address** |  | **Mobile number** |  |
| **Specialty & Grade** |  | **Work base** |  |
| **Planned date of return to training (if applicable)** |  | **Are you out of programme? If yes, why? E.g.OOP, parental leave, sick leave etc** |  |
| **Educational Supervisor (name)** |  | **Last ARCP Outcome & Date** |  |

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| 1. **Coaching Sessions** |
| **Please explain why you feel coaching would be useful to you and what you would like to achieve?** |
| E.g. exam support, study skills, confidence building, options discussion, RTT support |

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| **3) Any other information?** |
| **Is there any other information you feel the coach might need to know?** |
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**SuppoRTT Coaching Agreement**

*We would be grateful if you could read through the following information and sign to show you understand*

The aim of the PSW is to provide support for educational progression and hence to successful completion of your training programme. It is therefore expected that you will fully engage with the support that you are offered and that you will do so openly and respectfully. Support will be suspended if there are displays of anti-social behaviour. On completion of any PSW support you will also be required to complete an online feedback questionnaire.

Please note that the details of your discussions with the PSW and/or any external supplier you are referred to for support will be confidential, except where there is a clear risk to yourself, others, including patients, or where there are significant concerns about health. All illegal activities will also be discussed with appropriate agencies. Whilst the detailed content of your discussion will remain confidential an update will be sent to your educational supervisor which will outline the reason for referral and the action plan that has been generated by the PSW.

Providers of support are external to the NHS and hold qualifications in their area of expertise. Once you receive the contact details of a support provider you must either e-mail or phone them within two working days to arrange an initial session. If you do not contact them within this timeframe the PSW will suspend support and contact your educational supervisor. If you need to re-arrange or cancel a support session you must give 24 hours’ notice to the provider. If 24 hours’ notice is not given the PSW will be required to pay a cancellation fee and this will count as one of your allocated sessions.

The PSW is required to submit a summary report to your ARCP panel which highlights the support you have received. This is a factual report which contains key dates and events. The content of your sessions will remain confidential however we will outline the areas that have been worked on. Furthermore, full occupational health reports and summaries of cognitive assessment reports will be shared with the ARCP panel.

I confirm that I have read and accepted the above terms (tick)  and sign below:

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| Full name: | Date: | Signature: |

To submit, please ensure the declaration is signed above, scan and send to our inbox: [SuppoRTT.em@hee.nhs.uk](mailto:SuppoRTT.em@hee.nhs.uk)