**Application to Confirm Eligibility to train Less than Full-time (LTFT)**

***Please note that applications should be made at least 16 weeks prior to going LTFT***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Application for Less than Full-time Training** | | | | |  | | | |
| **Full Name** | |  | | | | **Title** | |  |
| **Address** | |  | | | | | | |
|  | |  | | | | **Postcode** | |  |
| **Home Tel. Number** | |  | | | | **Mobile No.** | |  |
| **E-Mail Address** | |  | | | | **GMC No:** | |  |
| Are you on a Visa? Delete as appropriate: YES / NO ***Please note that the salary threshold has an implication on the visa status. Please ensure that you familiarise yourself with the details available on the HEE website.  Tier 2:*** [***https://www.yorksandhumberdeanery.nhs.uk/tier\_2/frequently\_asked\_questions***](https://www.yorksandhumberdeanery.nhs.uk/tier_2/frequently_asked_questions)  ***Tier 4:*** [***https://www.yorksandhumberdeanery.nhs.uk/foundation/recruitment\_and\_retention/tier\_4\_visas***](https://www.yorksandhumberdeanery.nhs.uk/foundation/recruitment_and_retention/tier_4_visas)  ***Trainees applying for a reduction in LTFT hours are also encouraged to check the salary threshold before submitting an application.***  ***Please note that it is trainee responsibility to check the above.*** | | | | | | | | |
| Date of appointment to training scheme | | |  | | | | | |
| Current Trust |  | | | GP Scheme(if applicable) | | |  | |
| Specialty |  | | | Training Grade | | |  | |
| **Start Date** |  | | | CCT Date | | |  | |
| **Name of Training Programme Director** | | | | | | | | |
| **Proposed date to commence LTFTT** | | | | | | | | |
| **Proposed working percentage (%)** | | | | | | | | |
| **Planned return to work date if on maternity leave** | | | | | | | | |
| **Please indicate your reasons for wishing to train Less Than Full-time (LTFT) – Complete as appropriate** | | | | | | | | |
| **CRITERIA 1**   |  |  | | --- | --- | | **Disability or Ill-Health:**  **Please give details and attach supporting documents** |  | | **Responsibility for caring for ill/disabled partner, relative or other dependent:**  **Please give details and attach supporting documents** |  | | **Responsibility for caring for ill/disabled partner, relative or other dependent:**  **Please give details and attach supporting documents** |  | | | | | | | | | |

|  |  |
| --- | --- |
| **CRITERIA 2** | |
| **Non-medical interests and other work:**  **Please give details and attach supporting documents** |  |

|  |  |
| --- | --- |
| **CRITERIA 3 – Pilot – only applicable to Emergency Medicine, Obstetrics & Gynaecology, Paediatrics** | |
| **For trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs** |  |

|  |
| --- |
| **SIGNATURE:** Please sign and date this form and submit to the relevant office |
| **I hereby formally apply for Less Than Full-Time Training and confirm all the information on this form is correct.** **If this information is subsequently found to be untrue, this will be considered a probity issue and may be referred to the GMC.**  Signature ………………………………………………………………………… Date ............./……....…./……....…. |

**What’s next?**

* Have you fully completed the form? Please double check, giving as much information as possible.
* Return the form along with your appropriate supporting documents to:

All Foundation Trainees

[LTFTEast.yh@hee.nhs.uk](mailto:LTFTEast.yh@hee.nhs.uk) (Hull Office)

HEE, Health Place, Grange Park Lane, Willerby, Hull, HU10 6DT

West Trainees

[LTFTWest.yh@hee.nhs.uk](mailto:LTFTWest.yh@hee.nhs.uk) (Leeds Office)

HEE, Willow Terrace Road, University of Leeds, Leeds LS2 9JT

South Trainees

[LTFTSouth.yh@hee.nhs.uk](mailto:LTFTSouth.yh@hee.nhs.uk) (Sheffield Office)

HEE, Don Valley House, Savile Street East, Sheffield, S4 7UQ

North/East Yorkshire Trainees

[LTFTEast.yh@hee.nhs.uk](mailto:LTFTEast.yh@hee.nhs.uk) (Hull Office)

HEE, Health Place, Grange Park Lane, Willerby, Hull, HU10 6DT

|  |  |  |
| --- | --- | --- |
| **FOR HEE USE:** | **Yes** | **No** |
| Appropriate Evidence Received:   * Birth Certificate: * Support from Occupational Health: |  |  |
|  |  |
| Eligibility Confirmed: |  |  |
| Date Eligibility Confirmed: |  |  |
| **Signature/s**  **……………………………………………... GP TPD (If required) Please print**  **………………………………………………Associate Postgraduate Dean /Associate Dean for GP** | | |