#

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

## **SPECIALIST REGISTRARS/SPECIALTY TRAINEES/CORE TRAINEES/**

## **FOUNDATION TRAINEES/GPSTS TRAINEES**

|  |  |
| --- | --- |
| **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 Tier 2 Visa? Delete as appropriate: YES / NO |
| 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 Child Care:****Please state ages of child(ren) and attach birth certificate(s)****If currently pregnant please give EDD** |  |
| **Responsibility for caring for ill/disabled partner, relative or other dependent:****Please give details and attach supporting documents** |  |

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

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| --- |
| **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 next?**

* Have you fully completed the form? Please double check, giving as much information as possible.
* Return the form along with a copy of your most up to date CV and appropriate supporting documents to:

LTFTWest.yh@hee.nhs.uk (Leeds Office)

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

Hannah.Staniland@hee.nhs.uk (Sheffield Office) Medical specialties

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

Elena.Madigan@hee.nhs.uk (Sheffield Office) GP and Dental specialties
 HEE, Don Valley House, Savile Street East, Sheffield, S4 7UQ

LTFTEast.yh@hee.nhs.uk (Hull Office)

HEE, Ground Floor, Building A, Willerby Hill Business Park, Willerby, HU10 6FE

|  |  |  |
| --- | --- | --- |
| **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**  |