|  |
| --- |
| **Form 1 – Planning your time away from training** *This meeting should take place 3 months prior to your anticipated leaving date* |

.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **GMC Number** |  |
| **Mobile Number** |  | **Email address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Programme** |  | **Grade at time of leaving** |  |
| **Absence start date** |  | **Anticipated end date** |  |
| **TPD name** |  | **TPD email address** |  |
| **College Tutor name** |  | **College Tutor email** |  |

|  |  |
| --- | --- |
| **Reason for Absence** |  |

|  |
| --- |
| **What support do you anticipate requiring when you return to clinical practice?**  As part of your discussion please consider:   * Any courses which may be beneficial such as resilience, return to Clinical Practice courses, SIM sessions, coaching |
|  |

|  |
| --- |
| **Please document your plans to stay up to date whilst out of clinical training**  As part of your discussion please consider:   * KIT Days * Return to Clinical Practice Courses |
|  |

**Trainee declaration**

By inserting my name below, I confirm that the information provided is correct and I have not made any other claim for the expenses listed in this application. I understand if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. This may result in disciplinary action and referral to the GMC.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **Date** |  |

**TPD or College Tutor declaration**

By inserting my name below, I confirm that I have discussed and agreed to this activity in the individualised SuppoRTT plan with the trainee and I confirm that I will facilitate the return to clinical practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **TPD / College Tutor** |  | **Date** |  |