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

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

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

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| **Reason for Absence** |  |

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| **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
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| **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
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**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.

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| **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.

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