**Change in LTFT Working Hours**

* Submission of this form is to confirm eligibility to train less than full time
* Before completing this form, you must ensure you meet at least 1 of the LTFT eligibility criteria detailed in the [Gold Guide](https://www.copmed.org.uk/gold-guide-8th-edition/) / [HEE Guidelines](http://www.peninsuladeanery.nhs.uk/about-us/policies-and-guidelines/less-than-full-time-working-policy/)
* All forms should be fully completed. Any applications missing required information will be sent back for recompletion, causing delays.
* This form should be submitted 16 weeks prior to the date you wish to commence LTFT training, where possible.
* You are not permitted to commence LTFT training until you have had your application approved by the Deanery.
* You are required to submit 'Changes to LTFT Working Hours’ if you wish to change the percentage of hours you are working and should provide a minimum of 16 weeks’ notice.
* The Deanery will formally write to you confirming whether your application has been supported and will be copied to your TPD/FTPD and employer. Where a change has been approved the employer must receive a minimum of 12 weeks' notice in line with the requirements of the Code of Practice. You should then meet with your Educational Supervisor / Champion of Flexible working to agree a personalised work schedule specific to your learning needs. A copy of the personalised work schedule may be requested by the Deanery.

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| **1. Personal details** |
| Surname |       | Maiden name (if previously used in training) |       |
| First name(s) |       | GMC/GDC number |       |
| Email address |       | Phone number |       |
| Are you a Tier 2 Visa holder? | Yes [ ]  No [ ]  | **If yes**, please note a condition of your visa is to be in receipt of an 'appropriate salary'. It is your responsibility to ensure your LTFT hours meet this threshold. For further clarification regarding salary thresholds please contact: tier2@hee.nhs.uk |

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| **2. Proposed LTFT Placement & Training Plan** |
| Level you will be working at (e.g. FY2 ST1) |       |
| Name of training programme |       |
| Name of trust / practice where you will be working LTFT |       |
| Proposed date of change |       |
| LTFT end date (if known) |       |
| Current percentage (Full time = 100% and is equivalentto 10 sessions) | Choose an item. |
| Proposed percentage (Full time = 100% and is equivalentto 10 sessions) | Choose an item. |

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| **3. Applicant signature** |
| Signature |       |
| Date |       |

Local Office Approval [ ]

Date of receipt: Click to enter a date.