**New Less Than Full Time Application**

* 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/) / [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 currently on a Tier 2 or Skilled Worker Sponsorship? | 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. Please see guidance available via :-<https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship/Frequently-Asked-Questions-FAQs> You can access a LTFT calculator via the link below to help determine whether your LTFT request is likely to meet the requirements of your visa:<https://forms.office.com/r/Dk3wAFwYkh>  |

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| **2. LTFT eligibility category & supporting evidence** |

Please complete the section for the reason below that best describes your circumstances, providing full details and ensuring you attach any mandatory evidence at the time of emailing this form to HEE.

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| **A. Responsibility for caring for children (Category 1)**I confirm my child/children are 16 years old or younger or I have a disabled child /children under 18 and receiving disability living allowance |
| Please provide a brief supporting statement relevant to your current situation, including family support, spouse’s occupation, home situation:      |

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| **B. Health related reasons (Category 1)**You may be required to submit a letter supporting your LTFT application from an appropriate body e.g. GP,Occupational Health or Consultant |
| Please provide a brief supporting statement:      |

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| **C. Direct carer for ill/disabled partner, relative or dependant (Category 1)**You may be required to submit a letter supporting your LTFT application from an appropriate body e.g. GP,Occupational Health or Consultant |
| Please provide a brief supporting statement:      |

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| **D. Unique opportunity for professional development / short term extraordinary responsibility /****religious commitment / other (Category 2)** |
| Please provide full details of your reason for applying for less than full time training, ensuring yousubmit any relevant evidence:      |

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| **E. Trainees who choose to train LTFT as a personal choice - Applicable for Paediatrics, O&G, and Emergency Medicine (Category 3). O*nly available during the formal HEE application window***  |
| Please provide a brief supporting statement:      |

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| **F. Trainees who choose to train LTFT as a personal choice (Category 3 ‘lead in year’).****Applicable for: -*** **Higher Physicianly Specialties**
* **Intensive Care Medicine**
* **Higher Psychiatry**
* **Higher Radiology**

**O*nly available during the formal HEE application window***  |
| Please provide a brief supporting statement:      |
| The standard short-term offer is 4 months and is available to trainees who currently do not work LTFT and can be taken up during a 12-month window from the planned rotation date allowing trainees 3 possible windows to undertake the 4 months LTFT period. Please select when you would prefer to start less than full time, i.e., first, second or third cohort (for example, for August rotation dates cohort 1 will be Aug – Dec, cohort 2 Dec – Apr and cohort 3 Apr – Aug). 1st Choice Choose an item.2nd Choice Choose an item.3rd Choice Choose an item. |

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| **3. 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 |       |
| LTFT start date |       |
| LTFT end date (if known) |       |
| Proposed percentage (Full time = 100% and is equivalentto 10 sessions) | Choose an item. |

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| **4. Applicant declaration - please ensure all boxes below are checked** |
|[ ]  I have read the HEE SW Guidance on less than full time training**.** |
|[ ]  I understand that I will normally be expected to move between posts and rotations on the same basis as a full-time trainee in the same specialty**.** |
|[ ]  I understand personal information is recorded on HEE databases and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training. This is in line with GDPR regulation**.** |
|[ ]  I have informed by Training Programme Director of my application and I give HEE permission to contact them regarding my application if necessary. |
|[ ]  I understand I may now do additional paid work, including locums. This will not count towards my training time and must comply with the terms of my contract. I agree any additional work will form part of my practice and I will declare this on my Form R part B. |
|[ ]  I understand that if I wish to change the percentage at which I am training, I must complete and submit a 'Change In LTFT Working Hours' form**.** |
|[ ]  I agree that the information given in this application is accurate to the best of my knowledge and belief**.** |

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| **5. Applicant signature** |
| Signature |       |
| Date |       |

Local Office Approval [ ]

Date of receipt: