**New Less Than Full Time Application**

* Submission of this form is to confirm eligibility to train less than full time
* 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>  |

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

The Gold Guide provides a list of illustrative examples for requesting LTFT training. Those applying due to disability / ill health or caring responsibilities will be accommodated. All other well-founded reasons will be dependant on the capacity of the programme and the effect the request will have on the training of other doctors on the training programme. **Requests to work LTFT for other ‘Well-founded Reasons’ will require approval from the employer / host training provider and it is the doctor in training’s responsibility to secure this before submitting the request to HEE.**

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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| **Responsibility for caring for children** I confirm my child/children are 16 years old or younger or I have a disabled child /children under 18 and receiving disability living allowanceYes [ ]  No [ ]  |
| Please provide a brief supporting statement relevant to your current situation, including family support, spouse’s occupation, home situation:      |

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| **Health related reasons** You must include a letter from your GP/ Occupational Health Consultant/ Medical Specialist which includes: * Nature of disability/health requirements for LTFT Training

It must be on letter-header paper or be from an official email address which can be validated. The letter should be dated within the past 3 months. |
| Please provide a brief supporting statement:      |

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| **Direct carer for ill/disabled partner, relative or dependant** You must include a letter from your GP or Medical Specialist involved in the care of your partner / relative / dependent which includes: * Level of care anticipated that you will need to provide.

It must be on letter-header paper or be from an official email address which can be validated, dated within the last three months. |
| Please provide a brief supporting statement:      |

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| **Other well-founded reasons. Please select the most appropriate reason from the dropdown list below**Choose an item.**Please ensure you have the support of your employer / host training organisation who will be required to complete section 5 before the application is submitted to HEE SW.**  |
| Please provide further details to support your reason for applying for less than full time training providing any supporting information if required: -      |

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| **3. Proposed LTFT Placement & Training Plan** |
| Level you will be working at (e.g. FY2 ST1) | Choose an item. |
| Name of training programme |       |
| If dual training name of second training programme  |       |
| Name of trust / practice where you will be working LTFT |       |
| LTFT start date | Click to enter a date |
| 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 my Training Programme Director and they are supportive 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. Employer approval for requests for ‘other well-founded reasons’ only**The person signing this form must have authority to support the request for this doctor to work LTFT and is aware of the impact it will have on the service and education. This must include both specialties where a doctor in undertaking dual training, i.e. group 1 medical specialties that also contribute to the GIM rotaPlease refer to the list of [Trust Signatories](https://peninsuladeanery.nhs.uk/about-us/policies-and-guidelines/less-than-full-time-working-policy-2022/#trust_signatories) to request support for the LTFT application. Once signed, please return this form to the applicant to forward to HEE. |
| Name |       |
| Role |       |
| Signature |       |
| Date | Click to enter a date |

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| **6. Applicant signature** |
| Signature |       |
| Date | Click to enter a date |

**Once complete, the applicant should return this form to their** [**HEE Education Programme Manager**](https://www.severndeanery.nhs.uk/about-us/policies-and-procedures/less-than-full-time-working-policy-2022/show/specialty-education-programme-managers)