

Less Than Full Time Training Programme Form



Trainee Full Name:	
Specialty (inc GP & Foundation):	
Address:	
Contact Telephone Number:	
E-mail:	
Estimated CCT Date:	
GMC Number:	

THIS FORM MUST BE COMPLETED AND AGREED WITH YOUR EDUCATIONAL SUPERVISOR / GP TRAINER RESPONSIBLE FOR TRAINING

It is strongly recommended that guidance provided by the appropriate College or Faculty is studied to ensure that educational requirements can be met within the proposed duties of the post. If necessary, the advice of the appropriate regional advisor to the College or Faculty could be sought beforehand. A new LTFT Training Programme form **MUST** be completed each time you move post.

Named Educational Supervisor/GP Trainer responsible for training:	
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PROPOSED LTFT TRAINING POST

Hospital/ General Practice Placement:	
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Details of proposed weekly timetable. You should complete this table stating hours to be worked and agree with your Educational Supervisor. In a GP placement you are required to do pro rata that of a GP Trainee working in the practice full time.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please complete the following:

Total number of working hours of full-timers per week, i.e. standard plus day time on call. <i>(GP Trainees only: Your work in the Out of Hours service is in addition to any on call arrangements you may have within your working day in your General Practice).</i>	
Your % of full time:	
Your number of average hours per week:	
Your average number of actual working hours per week (total):	
Date of commencement in this post:	

In signing this Programme form I am confirming that I have met with and support the above named doctor, and discussed and agreed the proposed weekly timetable:

Educational Supervisor/GP Trainer responsible for training (please print name):	
Signed:	
Date:	
Trust Clinical Director (please print name):	
Signed:	
Date:	

In signing this Programme form I am confirming that this proposed LTFT training post is suitable for GP Specialty Training and has approval.

Director of Postgraduate GP Education: (Please print name)	
Signed:	
Date:	

In signing this Programme you are confirming that you have met with your Educational Supervisor and agreed to your proposed weekly timetable. You are also bound by the eligibility guidelines for LTFT training and must inform us of any changes to your personal circumstances that may affect your eligibility criteria.

You will also inform the Postgraduate Deans Office of any changes to the said timetable, rotations, maternity leave etc. A new form MUST be completed if any changes take place.

Trainee Name: (Please print name)	
Signed:	
Date:	

PLEASE RETURN TO HOSPITAL OR GENERAL PRACTICE TRAINING TEAM AT NIMDTA