**FORM A**

**Appendix A**

**Confirmation of Placement & Educational Approval for Less than Full-time Training**

**Section 1 - Trainee Details**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Email Address : |  | |
| School: |  | GMC No: |
| Training Programme Director: |  | NTN/DRN: |

**Section 2 – For completion by Training Programme Director – (Proposed Placement)**

**(Please indicate which form of Less than Full-time Training this placement will take and Location)**

|  |  |
| --- | --- |
| Proposed Start/transfer date to LTFT: |  |
| Location: |  |
| Specialty: |  |
| Percentage: |  |
| Duration: |  |
| Grade: |  |

**Please select one of the following:**

This placement will be:

Slot Share (if this is ticked, please give name of slot share partner if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

LTFT trainee occupying a full time slot

Supernumerary (this requires Deputy Dean approval)

**NB: If any on-call work is required, this must be agreed and paid for by the Trust**

|  |
| --- |
| **By signing below, I confirm that this post has appropriate GMC approval**  **Signed………………………………………………………………………………………………. (Training Programme Director)**  **Date: …………………………………**  **(Please return form to your local HEE YH office)** |