

LESS THAN FULL TIME (LTFT) APPLICATION FORM

This form should be completed for new applications and applications to change % of Less Than Full Time.

This form should be completed and signed by both the doctor in training and the TPD before onward sharing with the school administrative team.

Full guidance is available on the HEEYH [website](#).

Completed forms should be submitted to the relevant School inbox.

Section 1: To be completed by the Postgraduate Doctor in training			
Name:	GMC/GDC:		
Email address:	Contact telephone number:		
Are you on a Tier 2/4 or Skilled Worker Visa holder? (Please ensure you read guidance) <i>Please note, you are responsible for ensuring your application complies with immigration regulations and guidance and must inform sponsorshipsupport.yh@hee.nhs.uk</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Yes	No
Yes	No		
School:	Grade:		
Specialty/Scheme (if GP):			
Current Placement/Employer:			
Current Trust: (if different from employer)			
TPD Name:	TPD email:		

New Application	
Reason for application:	Requested %:
Start date: This will normally be the date of your next rotation. Exceptions may apply for disability, ill-health, and urgent caring responsibilities.	
Further explanation: Please use the section below to expand upon your reasons for applying for LTFT. How will working LTFT support your training? Please ensure you include relevant documents to support your application, evidence may include: <ul style="list-style-type: none"> ➤ Evidence of carer responsibility ➤ A letter from your GP if you are applying on health grounds ➤ If you are planning to follow a unique opportunity a supporting letter from your governing body may be helpful 	

If the 16-weeks' notice period cannot be met, please provide an explanation here:		
If you are wishing to increase/decrease your %, please complete this additional section		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Current %:</td> <td>New %:</td> </tr> </table>	Current %:	New %:
Current %:	New %:	
Start date: Please consider if this is in line with the rotation date		
Doctor in Training signature (Electronic signature can be used):		
Date:		

Section 2: To be completed by the Training Programme Director	
Application Approval: Yes No	
Can you accommodate this application for the start date above?	Yes No
This will be the date of the next rotation unless applying for disability, ill-health, urgent caring responsibilities.	
Post number agreed (if applicable):	
Is this a slot share?: Yes No	
Does the doctor in training require additional support from HEEYH Professional Support? For example, for complex health or caring needs.	Yes No
Is there a need for short-term supernumerary funding due to exceptional circumstances?	Yes No
Reason for supernumerary funding: (Requests for supernumerary funding will normally require the doctor in training to have an appointment with Professional Support)	
TPD Signature: (Electronic signature can be used)	
Date:	

Completed forms should be submitted to:

School	Inbox
Anaesthetics & ICM	anaesthetics.yh@hee.nhs.uk
Emergency Medicine	emsupport.yh@hee.nhs.uk
Dentistry	dentalsupport.yh@hee.nhs.uk
Foundation	foundation.yh@hee.nhs.uk
Medicine	medicine.yh@hee.nhs.uk
Obstetrics and Gynaecology	oandg.yh@hee.nhs.uk
Ophthalmology	ophthalmology.yh@hee.nhs.uk
Paediatrics	paediatricsupport.yh@hee.nhs.uk
Pathology	pathology.yh@hee.nhs.uk
Primary Care	gplft.yh@hee.nhs.uk
Psychiatry	psychiatry.yh@hee.nhs.uk
Public Health	publichealth.yh@hee.nhs.uk
Radiology	radiology.yh@hee.nhs.uk
Surgery	surgery.yh@hee.nhs.uk

For administrative purposes only – to be completed by the school admin team	
Where supernumerary funding is required, Deputy Postgraduate Dean to complete the following:	
Decision:	Approved: Declined:
If approved, confirmed length of time funding available:	
If declined, please detail the rationale:	
Signature:	
Date:	

In cases of fewer than 12 weeks' notice, Trust approval is required. A Trust representative is required to complete the following:

Decision:	Approved: Declined:
If declined, please detail the rationale:	
Signature:	
Date:	