

Less Than Full Time (LTFT) Application Form

This form should be completed for new applications and applications to change less than full time percentage.

This form must be completed and signed by both the doctor in training and the TPD before submission to the School administrative team.

Full guidance is available on the NHSE-YH [website](#).

Completed forms should be submitted to the relevant School inbox.

TO BE COMPLETED BY THE POSTGRADUATE DOCTOR IN TRAINING:

Details			
Name:		Email address:	
GMC/GDC:		Contact phone number:	
Are you on a Tier 2/4 or Skilled Worker Visa holder? (Please ensure you read guidance)	Choose an item. Please note, you are responsible for ensuring your application complies with immigration regulations and guidance and must inform the england.sponsorshipsupport.yh@nhs.net		
School:	Choose an item.	Specialty/Scheme (if GP):	
Grade:	Choose an item.	Current Employer/ Placement:	
Current Trust (if different to employer):		Next rotation date:	
TPD name and email address:			
New Application			
Reason for application:			Requested %:
Start Date:	Click or tap to enter a 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 this section 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-week notice period cannot be met, please provide an explanation:	
If you are wishing to increase/decrease your %, please complete this additional section	
Current %:	New %:
Start Date: Please consider if this is in line with the rotation date	Click or tap to enter a date.

Doctor in Training signature (Electronic signature can be used):	
Date:	Click or tap to enter a date.

TO BE COMPLETED BY THE TRAINING PROGRAMME DIRECTOR

Is this application approved or declined?	Choose an item.
Can you accommodate this application for the start date* above?	Choose an item.
*This will be the date of the next rotation unless applying for disability, ill-health, urgent caring responsibilities	
If declined please state rationale, including any other arrangements which can be made:	
Post Number agreed, if applicable:	
Does the doctor in training require additional support from NHSE Professional Support. For example, for complex health or caring needs	Choose an item.
Is there a need for short-term supernumerary funding due to exceptional circumstances?	Choose an item.
Reason for supernumerary funding: (Requests for supernumerary funding will normally require the doctor in training to have an appointment with Professional Support)	
TPD Signature (can be signed electronically):	Date Signed: Click or tap to enter a date.

Completed forms should be submitted to:

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

For administrative purposes only – to be completed by School admin team.

Where supernumerary funding is required, Deputy Postgraduate Dean to complete the following:

Decision:	Choose an item.
If approved, confirmed length of time funding available:	
If declined, please detail the rationale:	
Signature:	
Date:	Click or tap to enter a date.

In cases of less than 12-weeks' notice, Trust approval is required.

A Trust representative is required to complete the following:

Decision:	Choose an item.
If declined, please detail the rationale:	
Signature:	
Date:	Click or tap to enter a date.