**Application to Confirm Eligibility to train Less than Full-time (LTFT)**

***Please note that applications should be made at least 16 weeks prior to going LTFT***

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| **Date of Application for Less than Full-time Training** |  |
| **Full Name** |  | **Title** |  |
| **Address** |  |
|  |  | **Postcode** |  |
| **Home Tel. Number** |  | **Mobile No.** |  |
| **E-Mail Address** |  | **GMC No:** |  |
| Are you on a Visa? Delete as appropriate: YES / NO***Please note that the salary threshold has an implication on the visa status. Please ensure that you familiarise yourself with the details available on the HEE website.Tier 2:*** [***https://www.yorksandhumberdeanery.nhs.uk/tier\_2/frequently\_asked\_questions***](https://www.yorksandhumberdeanery.nhs.uk/tier_2/frequently_asked_questions)***Tier 4:*** [***https://www.yorksandhumberdeanery.nhs.uk/foundation/recruitment\_and\_retention/tier\_4\_visas***](https://www.yorksandhumberdeanery.nhs.uk/foundation/recruitment_and_retention/tier_4_visas)***Trainees applying for a reduction in LTFT hours are also encouraged to check the salary threshold before submitting an application.*** ***Please note that it is trainee responsibility to check the above.***  |
| Date of appointment to training scheme |  |
| Current Trust |  | GP Scheme(if applicable) |  |
| Specialty |  | Training Grade |   |
| **Start Date** |  | CCT Date |  |
| **Name of Training Programme Director:** |  |
| **Has your application been discussed with your TPD (Yes/No):** |  |
| **Proposed date to commence LTFTT:** |  |
| **If less than 16 weeks’ notice given please state why:** |  |
| **Proposed working percentage (%)** |  |
| **Planned return to work date if on maternity leave** |  |
| **Please indicate your reasons for wishing to train Less Than Full-time (LTFT) – Complete as appropriate** |
| **CRITERIA 1**

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| --- | --- |
| **Disability or Ill-Health:****Please give details and attach supporting documents** |  |
| **Responsibility for caring for ill/disabled partner, relative or other dependent:****Please give details and attach supporting documents** |  |
| **Responsibility for caring for ill/disabled partner, relative or other dependent:****Please give details and attach supporting documents** |  |

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| **CRITERIA 2** |
| **Non-medical interests and other work:** **Please give details and attach supporting documents** |  |

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| **CRITERIA 3 – Pilot – only applicable to Emergency Medicine, Obstetrics & Gynaecology, Paediatrics** |
| **For trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs** |  |

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| **SIGNATURE:** Please sign and date this form and submit to the relevant office |
| **I hereby formally apply for Less Than Full-Time Training and confirm all the information on this form is correct.** **If this information is subsequently found to be untrue, this will be considered a probity issue and may be referred to the GMC.**Signature ………………………………………………………………………… Date ............./……....…./……....…. |

**What’s next?**

* Have you fully completed the form? Please double check, giving as much information as possible.
* Return the form along with your appropriate supporting documents to:

All Foundation Trainees

LTFTEast.yh@hee.nhs.uk (Hull Office)

HEE, Health Place, Grange Park Lane, Willerby, Hull, HU10 6DT

West Trainees

LTFTWest.yh@hee.nhs.uk (Leeds Office)

HEE, Blenheim House, Leeds, LS1 4PL

South Trainees & Dental Trainees

LTFTSouth.yh@hee.nhs.uk (Sheffield Office)

HEE, Don Valley House, Savile Street East, Sheffield, S4 7UQ

North/East Yorkshire Trainees

LTFTEast.yh@hee.nhs.uk (Hull Office)

HEE, Health Place, Grange Park Lane, Willerby, Hull, HU10 6DT

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| **FOR HEE USE:**  | **Yes**  | **No**  |
| Appropriate Evidence Received: * Birth Certificate:
* Support from Occupational Health:
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|  |  |
| Eligibility Confirmed: |  |  |
| Date Eligibility Confirmed: |  |  |
| **Signature/s****……………………………………………... GP TPD (If required) Please print** **………………………………………………Associate Postgraduate Dean /Associate Dean for GP**  |