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## **Application to Confirm Eligibility to train Part Time (PT)**

## **DENTAL SPECIALTY TRAINEES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Application for Part Time Training** | | | | |  | | | |
| **Full Name** | |  | | | | **Title** | |  |
| **Address** | |  | | | | | | |
|  | |  | | | | **Postcode** | |  |
| **Home Tel. Number** | |  | | | | **Mobile No.** | |  |
| **E-Mail Address** | |  | | | | **GDC No:** | |  |
| Are you on a Tier 2 Visa? Delete as appropriate: YES / NO | | | | | | | | |
| Date of appointment to training scheme | | |  | | | | | |
| Specialty Training Programme | | | |  | | | | |
| Current Trust |  | | | Training Grade | | |  | |
| **Start Date** |  | | | CCST Date | | |  | |
| **Name of Training Programme Director** | | | | | | | | |
| **Proposed date to commence Part Time Training** | | | | | | | | |
| **Proposed working percentage (%)** | | | | | | | | |
| **Planned return to work date if on maternity leave** | | | | | | | | |

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| **SIGNATURE:** Please sign and date this form and submit to the relevant office |
| **I hereby formally apply for Part Time Training and confirm all the information on this form is correct.**  Signature ………………………………………………………………………… Date ............./……....…./……....….  **I support this application form** **Part Time Training (Training Programme Director)**  Signature ……………………………………………………………………… Date ….…/………../……… |

**What next?**

* Have you fully completed the form? Please double check, giving as much information as possible.
* Return the form along with a copy of your most up to date CV and appropriate supporting documents to:  
    
  [James.Spencer@hee.nhs.uk](mailto:James.Spencer@hee.nhs.uk)

HEE, Willow Terrace Road, University of Leeds, Leeds LS2 9JT  
  
[Hannah.Staniland@hee.nhs.uk](mailto:Hannah.Staniland@hee.nhs.uk)

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

|  |  |  |
| --- | --- | --- |
| **FOR HEE USE:** | **Yes** | **No** |
| Application Supported |  |  |
| **Signature/s**  **……………………………………………… Postgraduate Dental Dean** | | |