

SuppoRTT Pre-Absence Form - Yorkshire & Humber

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Please note that by using this form, you agree to HEE's latest privacy statement which can be found here: <https://www.hee.nhs.uk/about/privacy-notice>

Welcome to the SuppoRTT Pre-Absence Form

It is recommended the Pre-Absence Meeting takes place 3 months prior to the start date of the Trainee's period of absence. If the absence is unplanned this meeting can take place at a later date and does not need to be face to face.

This form is to be completed with the Trainee and Appropriate Educator/Supervisor*.

Please note, you are able to pause your submission and come back to it later by selecting the 'finish later' option at the bottom of each page. This enables the form to be reviewed or completed by various people such as the Trainee and Appropriate Supervisor. Once you have selected 'finish later' you will be provided with a screen which will provide a unique link for you to access your form and an option to email the link to access later.*

The Trainee must upload a copy of this completed form to their e-portfolio.

If you have any queries regarding the SuppoRTT Programme please visit [SuppoRTT Webpage](#) or contact the SuppoRTT Team, supportt.yh@hee.nhs.uk

*For the purpose of this document, 'Appropriate Educator/Supervisor' can be categorised but not limited to; Educational Supervisors (ES), College Tutors, Clinical Supervisors (CS), Foundation Programme Directors (FPD), Training Programme Directors (TPD), Head of Schools (HoS), Directors of Medical Education (DME), SuppoRTT Champions.

The information collected in this form will be securely held by HEE and will only be accessible to those directly involved in the Supported Return to Training. Information may also be made available to the trainees employing Trusts i.e HR and Medical Education / Supported Return To Training Champion / administrator, Head of School, Training Programme Director. Data will not be shared wider without your explicit consent.

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Page 2: Trainee Information

1. Trainee First Name: * *Required*

2. Trainee Surname: * *Required*

3. GMC/GDC or other professional registration number: * *Required*

4. Please provide the email address the Trainee would like to be contacted on during their absence: * *Required*

Please enter a valid email address.

5. Gender: * *Required*

Please select

6. Medical or Dental Specialty: * *Required*

Please select

7. Grade: * *Required*

Please select

8. Educational Supervisor / Supervisor name: * Required

a. Educational Supervisor / Supervisor email address: * Required

Please enter a valid email address.

9. Training Programme Director (TPD) name: * Required

a. TPD email address: * Required

Please enter a valid email address.

10. Who was / is present at the pre-absence meeting: * Required

Please select at least 2 answer(s).

- Clinical Supervisor
- College Tutor
- Educational Supervisor
- Human Resources
- SuppoRTT Champion
- Trainee
- Training Programme Director
- Other


11. Place of training prior to absence: * Required

12. Anticipated place of training on return: * Required

Please select

13. Anticipated start date of absence: * Required


Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

14. Estimated date of return: * Required

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

15. Reason for absence: * Required

Please select

16. Employing Trust (pays salary) * Required

17. The Trainee and appropriate Supervisor should use this meeting as an opportunity to discuss anything relating to returning to training, including but not limited to the following. Please indicate if the below have been discussed.

	* Required	
	Yes	No
Concerns and expectations of returning to practice	<input type="radio"/>	<input type="radio"/>
Less Than Full time Training and the application process (if appropriate)	<input type="radio"/>	<input type="radio"/>
Use of KIT / SPLIT days (if applicable)	<input type="radio"/>	<input type="radio"/>
Sign posting to useful resources, including the SuppoRTT Webpage	<input type="radio"/>	<input type="radio"/>
Networking events	<input type="radio"/>	<input type="radio"/>
Returning to Training Activities	<input type="radio"/>	<input type="radio"/>
Coaching and Mentorship programmes	<input type="radio"/>	<input type="radio"/>
Period of Enhanced Supervision and/or supernumerary upon return	<input type="radio"/>	<input type="radio"/>

a. Further detail of discussion: * *Required*

18. Please select this box to confirm this is an accurate record agreed by both Trainee and Appropriate Educator / Supervisor* * *Required*

I confirm this is an accurate record agreed by both Trainee and Appropriate Educator / Supervisor*

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100% complete

Thank You

Download my responses

You have 15 minutes to view this data

 [My responses](#)

Thank you for completing this Pre-Absence Form.

You will be contacted by the SuppoRTT Team within 5 working days in response to your form being received and processed.

Please select the 'my responses' link above to access a PDF version of your completed form. You will need to upload a copy of this to your E-portfolio.

If you have not already done so, please ensure you have made your Medical staffing Team/ Trust HR and HEE programme Support Team aware of your absence.

If you have any queries regarding the SuppoRTT programme please visit [SuppoRTT Webpage](#) or contact the SuppoRTT Team, supportt.yh@hee.nhs.uk