***Private & Confidential***

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| **Return to Training: Pre-Absence Form**  |
| **SECTION A (to be completed by the Trainee)** |
| **Date of Pre-Absence Meeting:** Click here to enter text. |
| **Trainee Surname:** Click here to enter text. | **Trainee Forename:** Click here to enter text. |
| **NTN:** Click here to enter text. | **GMC No:** Click here to enter text. |
| **Specialty:** Click here to enter text. | **Grade (CT/ST etc):** Click here to enter text. |
| **Educational Supervisor Name:** Click here to enter text. | **Training Programme Director Name:** Click here to enter text. |
| **Place of training prior to absence:** Click here to enter text. | **Anticipated place of training on return:** Click here to enter text. |
| **Date absence commenced:** Click here to enter text. | **Anticipated date of return:** Click here to enter text. |
| **Reason for absence:** Click here to enter text. |
| **Are you happy for HEE YH to contact you whilst you are absent?**  | **Yes**(complete 1,2) | **No** |
| **Preferred Email Address(1):** Click here to enter text. | **Phone Number(2):** Click here to enter text. |
| **Section B (to be completed by the Trainee, ES or TPD)** |
| **Please provide detailed summery of the discussion between the Trainee and ES or TPD.** Discussion should include (but not limited to)* CPD considered (including KiT days)
* Any work that may be done during absence i.e. on calls, KiT days etc.
* Sign posting to the YH SuppoRTT programme
* Any concerns over time away and returning
* Learning & training needs (including possible assessments or courses that the trainee should attend)

Click here to enter text. |
| **ES or TPD Name:** Click here to enter text.**Signature: Date: Click here to enter text.** |
| **Trainee Name:** Click here to enter text.**Signature: Date: Click here to enter text.** |

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| **Once completed please send a copy of this form to the TRAINING PROGRAMME DIRECTOR and the SuppoRTT Team (supportt.yh@hee.nhs.uk)****A copy also needs to be retained in your portfolio** |