**APPENDIX A: Pre-absence Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.  **Email address:** Click here to enter text. | | **FPD/TPD Name:**  Click here to enter text.  **Email address:** 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 (local office) to contact you whilst you are absent?** | | | **Yes**  (complete 1,2) | **No**  (move to section B) |
| **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 appropriate educator/supervisor.** Discussion should include (but not limited to)   * CPD considered (including KIT/SPLIT days) * Any work that may be done during absence i.e. on calls, KIT/SPLIT days etc. * Sign posting to internal/external Return to Training Activities * 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. | | | | |
| **Appropriate Educator/Supervisor 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.** | | | | |

|  |
| --- |
| **Once completed please send a copy of this form to the FOUNDATION/TRAINING PROGRAMME DIRECTOR and HEEYH SuppoRTT team**  **A copy also needs to be retained in your e-portfolio** |