***Private & Confidential***

|  |  |  |  |
| --- | --- | --- | --- |
| **Return to Training: Review Meeting Form** | | | |
| **SECTION A (to be completed by the Trainee)** | | | |
| **Date of Review 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. | **Place of training on return:** Click here to enter text. | | |
| **Date absence commenced:** Click here to enter text. | **Date of return:** Click here to enter text. | | |
| **Reason for absence:** 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)   * Summary of observed assessments & logbook * Overall progress * Outstanding concerns * Any additional learning needs identified   Click here to enter text. | | | |
| **Extension to supervised return to training period required?** | | **Yes**  (complete,1,2,3) | **No** |
| **(1) Please give details:** This should include, reasons why a further period is required and details of the overall plan for extended supervised return to training period**.**  Click here to enter text. | | | |
| **(2) Required assessment(s) in this period:** These must include assessments of observed practice, and may include workplace based assessments (WPBAs) and logbook evidence. NB: details should be discussed with the clinical supervisor for the returning post.  Click here to enter text. | | | |
| **(3) Date for further Review Meeting (if extension is required):**  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.** | | | |

|  |
| --- |
| **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** |