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| **Form 1 – Planning your time away from training** *This meeting should take place in the 3 months prior to your anticipated leaving date* |

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| **Trainee Name** |  | **GMC Number** |  |
| **Mobile Number** |  | **Email address** |  |

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| **Training Programme** |  | **Grade at time of leaving** |  |
| **Absence start date** |  | **Anticipated return date** |  |
| **TPD name** |  | **TPD email address** |  |
| **Educational Supervisor name** |  | **Educational Supervisor email** |  |

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| **Reason(s) for time away from clinical training** |  |

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| **What support do you anticipate requiring when you return to clinical practice?**  As part of your discussion please consider:   * Any courses which may be beneficial such as resilience training, return to Clinical Practice courses, SIM sessions, coaching etc. * Any health issues, need for Occupational Health referral etc. |
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| **Please document your plans to stay up to date whilst out of clinical training**  As part of your discussion please consider:   * KIT Days * Online Simulation Scenarios e.g. IRIS platform * Specialty or Trust Return to training days (if available) * Keeping in contact with the School |
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| **ARCP**  As part of your discussion please consider:   * Last ARCP date, outcomes & recommendations * Arrangements for ARCP prior to absence |
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**Trainee declaration**

By inserting my name below, I confirm that the information provided is correct.

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| **Trainee Name** |  | **Date** |  |

**TPD, Educational Supervisor or College Tutor declaration**

By inserting my name below, I confirm that I have discussed the individualised SuppoRTT plan with the trainee and I confirm that I will facilitate or support the return to clinical practice.

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| **TPD / Educational Supervisor / College Tutor** |  | **Date** |  |