**Form 2 - RETURN TO TRAINING (Return to Training Planning Form)**

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| --- | --- | --- | --- |
| Trainee Name: |  | Training Level: |  |
| GMC Number: |  | School: |  |
| Last LEP: |  | Last Educational Supervisor: |  |
| Date of Absence and Duration: |  | Estimated date of return: |  |
| Date of Planning Meeting: |  | New Educational Supervisor:New LEP: |  |

|  |  |
| --- | --- |
| Reason(s) for absence: |  |
| Was Health one of the reasons for absence? |  |
| Is there a recent Occupational Health assessment and plan? |  |
| Is a specialist HEE (EM) aligned OH assessment required? |  |
| Are there on-going health or health related issues? |  |
| Does the employer need to consider making ‘reasonable adjustments’? |  |

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| --- | --- | --- |
| Intention to return to training full time or LTFT? | Full Time | LTFT at % |
| Is a phased return required? | Yes | No |
| Is an Enhanced Supervision Period Required | Yes | No |
| Briefly Describe any relevant activities during the period of absence and **Confirm if and why an Enhanced Supervision Period is NOT REQUIRED** |
|  |
| Briefly Describe the Return to Practice Transition anticipated:Briefly Describe any Particular concerns about returning to Practice or Training: |
|  |
| Briefly List any major training or Mandatory requirements to allow Return to Practice |
|  |
| Trainee Signature – I am happy with the discussion and will ensure that the form is uploaded to my e-portfolio and is emailed to my TPD and/or College Tutor and the SuppoRTT Team at SuppoRTT.em@hee.nhs.uk | Yes | No | Sign |
| Name |
| ES Signature – I confirm that the above discussion has taken place with the Trainee | Yes | No | Sign |
| Name |

**PLEASE REMEMBER TO 1) UPLOAD FORM TO YOUR e-PORTFOLIO, 2) EMAIL FORM TO YOUR TPD/and/or COLLEGE TUTOR and 3) EMAIL FORM TO THE SuppoRTT TEAM AT** **suppoRTT.em@hee.nhs.uk**