|  |
| --- |
| **Form 3 – Reviewing your Return To Training** *Thiis meeting should take place approximately 2 weeks after your return to Training*  |

.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **GMC Number**  |  |
| **Training Level** |  | **School** |  |
| **Location of Placement** |  | **Date of Review Meeting** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Return from Absence Date**  |  | **Reason for Absence** |  |
| **Duration of Absence** |  | **Duration of Enhanced Supervision Period** |  |

|  |  |  |
| --- | --- | --- |
| **Returned to training Full Time or LTFT?** | **Full Time** | **LTFT at %** |
|  |  |

|  |
| --- |
| **Summary of discussion between trainee and Educational Supervisor:*** Summary of progress against the individualised SuppoRTT Plan including observed assessments, portfolio development and logbook
* Up-to-date with Training and / or Mandatory Requirements?
* Any health concerns identified and Occupational Health Referrals / Assessments / Plan ongoing
* Overall progress
* Outstanding concerns, please consider whether or not the trainee has or is happy to return to out of hours work
 |
|  |
| **What additional learning needs have been identified:** |
|  |

|  |  |
| --- | --- |
| **TRAINEE DECLARATION****I feel confident in all respects to recommence usual duties**  | [ ] Yes [ ] No |
| **Trainee Name**  |  | **Date**  |  |

|  |  |
| --- | --- |
| **TPD / EDUCATIONAL SUPERVISOR / COLLEGE TUTOR DECLARATION****I agree with the trainee statement (If no please complete your reasons below)** | [ ] Yes [ ] No |
| **Supervisor Name**  |  | **Date**  |  |

|  |
| --- |
| **If in your opinion a period of further enhanced supervision is required, please comment on the proposed length of this extension and the plans for the trainee during this period (including any discussions with Senior School Staff, HEE(EM) Staff and the Local Education Provider)*****It is advisable that after this further period of extension Form 3 is completed again***  |
|  |