**FORM 3 - RETURN TO TRAINING (Enhanced Supervision Plan Form)**

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| --- | --- | --- | --- |
| Trainee Name: |  | Training Level: |  |
| GMC Number: |  | School: |  |
| Dates of Absence: |  | Named Educational Supervisor |  |
| Date of Meeting: |  | Name of LEP |  |
| Duration of Absence: |  | Named Clinical Supervisor |  |

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| --- | --- | --- |
| Intention to return to training full time or LTFT? | Full Time | LTFT at % |
| Has an LTFT Training Application been made? |  |
| Is a phased return required? (if so, how long?) |  |
| Estimated Length Enhanced Supervision Period Required |  |
| List the Training or Mandatory requirements to allow Return to Practice and Training e.g. Resuscitation courses, Safeguarding and Prescribing. |
|  |
| Describe in detail the Return to Practice and Training Transition period (activities and Supervisors) |
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| List the capability domains and assessments required before Return to Training sign off |
|  |
| What specific plans and assessments will contribute to confirmation of out of hours and emergency capability? |
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| --- | --- | --- | --- |
| 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**