**FORM 5 - RETURN TO TRAINING (Extension to a period of Enhanced Supervision –Planning Form)**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name: |  | Training Level: |  |
| GMC Number: |  | School: |  |
| Enhanced Period No­­\_\_\_: |  | Extra Enhanced Period: |  |
| Date of Meeting: |  | Educational Supervisor: |  |
| **Overview of plan for extended supervised return to work period:** |
|  |
| **Required assessments in this period:**These must include assessments of **observed** practice and may include SLEs and portfolio development and skills log evidence |
|  |
| Provisional date of next Review: |
|  |
| Record of Discussions with Senior School (TPD, HOS, Primary Care APD) or Senior HEE (EM) staff (Secondary Care APD, Dean, HOA) and LEP (Service lead and HR) |
|  |
| 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 named 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**