

### 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:	
<b>Overview of plan for extended supervised return to work period:</b>			
<b>Required assessments in this period:</b>			
These must include assessments of <b>observed</b> 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 <a href="mailto:SuppoRTT.em@hee.nhs.uk">SuppoRTT.em@hee.nhs.uk</a>	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](mailto:suppoRTT.em@hee.nhs.uk)