**Application to commence LTFT Training**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPORTANT – Please Read**  Please note you are only eligible to train Less Than Full Time if you have a confirmed substantive post with Health Education England. If you are in the process of applying for a post, you may only apply for LTFT training once it has been confirmed.  All fields in the form are mandatory fields, failure to complete all fields in this form will cause a delay to the eligibility being confirmed.  LTFT Training will commence at the next rotation point unless there are exceptional circumstances. If there are exceptional circumstances, please advise whilst stating your reasons for wanting to train LTFT i.e returning from Maternity leave  Completed forms should be sent to [***ltft.nw@hee.nhs.uk***](mailto:ltft.nw@hee.nhs.uk) under subject heading ***Application to commence LTFT Training***, failure to do this may result in a delay in your eligibility being confirmed. | | | | | | | |
| **Forename:** | Forename | **Surname:** | | | Surname | | |
| **Email Address:** | Email Address | | | | | | |
| **GMC Number:** | GMC Number | | **Training Grade** | | Training Grade | | |
| **Specialty** | Specialty | | **Contact Telephone:** | | Contact Telephone | | |
| **Do you have a substantive post with Health Education England (North West)?** | | | | | | Yes/No | |
| **What is the start date of your Health Education England (North West) substantive post?** | | | | | | Date | |
| **Are you on Tier 2/Skilled worker Visa?**  If yes, please ensure you are aware of the minimum salary/working hours requirements. More information can be found at <https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship/Frequently-Asked-Questions-FAQs> | | | | | | Yes/No | |
| **Please state your reasons for wanting to train on a LTFT basis** | | | | | | | |
| Enter text | | | | | | | |
| **Please indicate the preferred percentage you wish to work – *Please note that this a preference and is not a guarantee*** | | | | | | | WTE |
| **If applying under a disability or ill Health, have you engaged with Occupational Health and/or your GP?** | | | | | | | Yes/No |
| **Please tick to confirm that you understand your LTFT training will commence at your next rotation point and any changes to your LTFT working hours, including returning to full time will only be permitted at rotation points unless there are exceptional circumstances and sufficient notice being provided i.e Returning from maternity leave/carer etc** | | | | | | |  |
| **By completing this form, I confirm that the information given is correct and complete to the best of my knowledge. I understand that any false or misleading statements may be sufficient grounds for terminating any arrangements made.** | | | | | | | |
| **Signature:** Signature | | | | **Date:** Date | | | |