**Application to commence LTFT Training**

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| **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 leaveCompleted forms should be sent to ***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)?** | Date |
| **Are you on Tier 2 Visa/Certificate of sponsorship?**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> | Choose an item. |
| **Please state your reasons for wanting to train in a LTFT basis** |
| Enter text |
| **Please indicate which eligibility criteria you satisfy:** | Choose an item. |
| Category 1: Those Doctors in training with:* A disability or ill health
* Caring responsibility for children up to and including the age of 16
* Carer responsibilities for other dependents e.g. a spouse or a parent

Category 2: Those doctors in training with:* Unique opportunity for personal/professional development

Category 3: Those doctors in training who:* Choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.
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| **If applying under a disability or ill Health, have you engaged with Occupational Health and/or your GP?** | Choose an item. |
| **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 |