**Less Than Full Time Post Approval E-Form**

As the trainee you are responsible for ensuring this form is completed IN FULL and returned to the LTFT team prior to starting in post. ***The form is to be completed electronically by filling in the grey sections and forwarding for the next stage by email***.

1. Complete the TRAINEE DETAILS section and forward **by e-mail** to your Training Programme Director for completion of their section. N.B: GP ST3 or GP trainees based in a GP Practice (including ITPs and GP+ posts) do not need to complete this form. Please click [here](http://www.nwpgmd.nhs.uk/policies-guidance) to obtain the correct form.

2. Upon completion of the TPD section, please ensure you tick the box in the Educational Supervisor section unless your TPD has placed you in a supernumerary post in which case your form needs returning to the LTFT team at [ltft.nw@hee.nhs.uk](mailto:ltft.nw@hee.nhs.uk) for approval by the Associate Dean responsible for LTFT. In this case your TPD will need to provide supporting information as to why supernumerary funding is required.

3. Upon completion of the Educational Supervisor section forward the form to LTFT Training Champion at the Trust where you will be working for completion of the LTFT Training Champion Section. A list of LTFT training champions can be found on the LTFT website at: [Less Than Full Time Training](https://www.nwpgmd.nhs.uk/content/less-full-time-training)

4. Please note the completed post approval from will only be accepted from the LTFT training champion from their email address.

**If the form is not completed in full it will be returned to you unprocessed. Please help avoid delays by ensuring all sections are completed in full and the form is completed in a timely manner. Any delay could have an impact on your pay and your training time.**

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| **Trainee Details** | | | | |
| First name: First Name | Surname: Surname | | | |
| Other Name(s): Other Name(s) | Any previous name(s): Previous Name(s) | | | |
| Home Address: Home Address | | | | |
| Email Address: Email Address | GMC Number: GMC Number | | | |
| Specialty: Specialty | Training Grade Training Grade | | | |
| N.B GP surgery posts should be applied for via the GP team. Please contact [gptraining.nw@hee.nhs.uk](mailto:gptraining.nw@hee.nhs.uk) for further information. | | | | |
| Is this your first LTFT post? | Yes/No. | | | |
| Are you on a Tier 2 Visa and ensured training LTFT you will meet still minimum salary/working hours requirements? | | | Yes/No | |
| Are to returning to work after a prolonged period of absence (usually longer than 3 months)?  If yes, please check the SuppoRTT website to see if this would be a better alternative - <https://www.nwpgmd.nhs.uk/supported-return-to-training> | | | Yes/No | |
| Please check the box to confirm your circumstances have not changed and that you still meet the eligibility criteria. | | | |  |
| Please check the box to confirm you are committing to LTFT for the entirety of your rotation and returning to full time during this time will only be permitted under exceptional circumstances with sufficient notice being given. | | | |  |
| **Signed:** Signature | | **Date:** Date | | |

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| **To be completed by the Training Programme Director or FPD** | |
| Name: Full Name | Email Address: Email Address |
| Please confirm the post applying for (Choose only ONE of the following three options): | |
| Slot Share (60%)  Name of slot share partner: Full Name | Reduced Hours (50% - 80% WTE)  Percentage Hours/ WTE: WTE % |
| Supernumerary (60%)  N.B Supernumerary posts are subject to available funding. Please provide below the reason for requesting a Supernumerary post: (additional supporting information may be requested)  Enter Text | |
| Start date of this LTFT post: Date | Finish date of this LTFT post: Date |
| Trust where this post will be based: Trust Name | |
| **Training Programme Director:** I confirm the information in this section is accurate and has been agreed with the trainee and Local Trust:  Signed: Signature Date: Date | |

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| **N.B Supernumerary posts require additional funding. Please forward to the LTFT team for approval before completion of the next stage (ltft.nw@hee.nhs.uk)** | | |
| LTFT Associate Dean: I confirm that NHSE funding has been approved for this Supernumerary post: | | Yes/No |
| Name: Full Name | Date: Date | |

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| **Educational Supervisor – TO BE COMPETED BY THE TRAINEE** | |
| Please check box to confirm that you have or will make your educational supervisor aware of your LTFT status at your earliest opportunity. |  |

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| **To be completed by Trust LTFT Training Champion on behalf of Medical Staffing and Finance** | |
| LTFT Training Lead: By completing this section I confirm that the requirements for the trainee to commence in a LTFT placement which may include a banding supplement have been approved and medical staffing are aware of their needs. | |
| Name: Full Name | Date: Date. |