**Change in LTFT Working Hours**

* Submission of this form is to confirm eligibility to train less than full time
* All forms should be fully completed. Any applications missing required information will be sent back for recompletion, causing delays.
* This form should be submitted 16 weeks prior to the date you wish to commence LTFT training, where possible.
* You are not permitted to change LTFT training hours until you have had your application approved by the Deanery.
* You are required to submit 'Changes to LTFT Working Hours’ if you wish to change the percentage of hours you are working and should provide a minimum of 16 weeks’ notice.
* The Deanery will formally write to you confirming whether your application has been supported and will be copied to your TPD/FTPD and employer. Where a change has been approved the employer must receive a minimum of 12 weeks' notice in line with the requirements of the Code of Practice. You should then meet with your Educational Supervisor / Champion of Flexible working to agree a personalised work schedule specific to your learning needs. A copy of the personalised work schedule may be requested by the Deanery.

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| **1. Personal details** | | | |
| Surname |  | Maiden name (if previously used in training) |  |
| First name(s) |  | GMC/GDC number |  |
| Email address |  | Phone number |  |
| Are you currently on a Tier 2 or Skilled Worker Sponsorship? | Yes  No | **If yes**, please note a condition of your visa is to be in receipt of an 'appropriate salary'. It is your responsibility to ensure your LTFT hours meet this threshold. Please see guidance available via:-<https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship/Frequently-Asked-Questions-FAQs> | |

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| **2. Proposed LTFT Placement & Training Plan** | |
| Level you will be working at (e.g. FY2 ST1) | Choose an item. |
| Name of training programme |  |
| Name of trust / practice where you will be working LTFT |  |
| Proposed date of change | Click to enter a date |
| LTFT end date (if known) | Click to enter a date |
| Current percentage (Full time = 100% and is equivalent  to 10 sessions) | Choose an item. |
| Proposed percentage (Full time = 100% and is equivalent  to 10 sessions) | Choose an item. |

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| **4. Applicant declaration - please ensure all boxes below are checked** | |
|  | I have read the HEE SW Guidance on less than full time training**.** |
|  | I understand that I will normally be expected to move between posts and rotations on the same basis as a full-time trainee in the same specialty**.** |
|  | I understand personal information is recorded on HEE databases and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training. This is in line with GDPR regulation**.** |
|  | I have informed my Training Programme Director and they are supportive of my application and I give HEE permission to contact them regarding my application if necessary. |
|  | I understand I may now do additional paid work, including locums. This will not count towards my training time and must comply with the terms of my contract. I agree any additional work will form part of my practice and I will declare this on my Form R part B. |
|  | I understand that if I wish to change the percentage at which I am training, I must complete and submit a 'Change In LTFT Working Hours' form**.** |
|  | I agree that the information given in this application is accurate to the best of my knowledge and belief**.** |

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| **5. Applicant signature** | |
| Signature |  |
| Date | Click to enter a date |

Local Office Approval

Date of receipt: Click to enter a date.