**Form B: Return to training form: Initial Meeting**

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| --- | --- | --- | --- | --- | --- | --- |
| Date of initial meeting |  | GMC number |  | | | |
| Trainee name |  | Educational Supervisor |  | | | |
| Grade |  | Length of absence |  | | | |
| Place of training prior to absence |  | Anticipated date of return |  | | | |
| Place of training on return |  | Intention to return FT or LTFT? | FT | | LTFT | |
| Reason for absence |  | If LTFT? | 60% | 80% | | other |

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| **Summary of discussion between trainee and ES.**  Discussion should include:  Anything done to keep up to date  KIT days/courses  Concerns  If returning LTFT work pattern to be discussed |
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| **Plan for supervised period of training:**  Sessions to be undertaken  Anticipated length of RTT supervision  On call arrangement  Required WBAs  Sign off arrangement |
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| Planned date of review meeting | |  | |
| Rotamaster informed | Yes | | No |

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| --- | --- | --- | --- | --- |
| Signed | Trainee |  | Date |  |
| Signed | Educational Supervisor |  | Date |  |

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| Once completed please send a copy to your TPD and upload onto your e-portfolio |