

Confirmation of Readiness to Return to Work after Period of Absence

Name:

Position:

_____ GMC No.: _____

Place of work
before leaving:

Date of return to
Anaesthetics:

Period of Absence:

From: _____ To: _____

Reason for
Absence:

Place of work on
return:

Hours of work on return: _____

Training undertaken during period of leave eg induction, courses, KIT days

Return to Work Programme/Plan

End of RTW

WBAs completed:

ALMAT:

Comments:

Confirmation by returning Anaesthetist

I feel confident in all respects to recommence full duties on: _____

Signed: _____ **Printed:** _____ **Date:** _____

Confirmation by Lead (e.g. educational supervisor, clinical lead)

I concur that (applicant's name) _____ has confirmed their confidence and has been observed to be competent to return to full duties.

Signed: _____ **Printed:** _____ **Date:** _____