

Form A: Pre absence

Date of Meeting		GMC number			
		RCoA number			
Trainee name		Educational Supervisor			
Grade		Estimated date of absence			
Place of training prior to absence		Estimated date of return			
Place of training on return		Intention to return FT or LTFT?	FT	LTFT	
Reason for absence		If LTFT?	60%	80%	other

Summary of discussion between trainee and ES.

Keeping up to date during absence
 Any additional or outstanding educational needs
 KIT days
 Concerns
 Discussion regarding RTW policy and RTW courses

If planning to return LTFT has eligibility been completed?	YES	NO if no refer to LTFT checklist
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Are you happy to be contacted during period of absence?	YES	NO
Preferred method of contact	Email	Telephone

Signed	Trainee		Date	
Signed	Educational Supervisor		Date	

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