

Form B: Return to training form: Initial Meeting

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

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

Plan for supervised period of training:

Sessions to be undertaken

Anticipated length of RTT supervision

On call arrangement

Required WBAs

Sign off arrangement

[Large greyed-out area for notes or details]

Planned date of review meeting			
Rotamaster informed	Yes		No

Signed	Trainee		Date	
Signed	Educational Supervisor		Date	

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