**APPENDIX 2**



**LTFT Training in Wales**

**APPLICATION and RENEWAL Form**

It is the trainee’s responsibility to ensure that the application form and training plan process is instigated in good time for their requested LTFT start date to allow time for processing. You should ensure you have read the LTFT Trainee Handbook as this will provide you with details regarding the process.

You should ensure that you submit your documentation to HEIW/TPD well in advance of the date you wish the request to take effect (no later than 4 months prior to the planned start of LTFT training or your next placement).

Once you have completed the form, you should immediately forward it to [heiw-flexibletrg@wales.nhs.uk](mailto:heiw-flexibletrg@wales.nhs.uk) (you might want to keep a copy for your own records).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | | | **To be completed in ALL cases** | | | | | | | | | | | | |
| Surname: | | | |  | | | | First Name: | |  | | | | | | |
| GMC/GDC Number: | | | |  | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | |
| Training Programme (include specialty and subspecialty where appropriate) | | | | | | | |  | | | | | | | | |
| Grade and Year of Training | | | | | | | |  | | | | | | | | |
| **Section 2a** | | | **NEW applications only** | | | | | | | | | | | | | |
| Reason for the request  Caring responsibilities for children or ill/disabled partner, relative or other dependant  Own disability or health reasons  Career and Personal/Professional Development opportunities  Religious commitment  Work life balance  Other (please provide details) | | | | | | | | | | | | | | | | |
| Preferred % WTE | | | | | | | |  | | | | | | | | |
| Anticipated start date (please specify date) | | | | | | | |  | | | | | | | | |
| Are you on a Tier 2 visa?  *Note if yes must be 80% WTE* | | | | | | | | Yes  No | | | | | | | | |
| **Section 2b** | | **RENEWING LTFT trainees only** | | | | | | | | | | | | | | |
| To be completed by those trainees renewing their request.  (Note changes to %WTE cannot be guaranteed) | | | | | | | | I confirm I wish to maintain my %WTE at  I wish to change my % WTE to | | | | | | | | |
| **Section 3** | | | | | | | | **To be completed in ALL cases** | | | | | | | | |
| Preferred working days (trainees may need to be flexible to facilitate slot share/rota arrangements and education/teaching requirements) | | | | | | | | Monday  Wednesday Friday | | | AM  PM  AM  PM  AM  PM | | Tuesday  Thursday | AM  PM  AM  PM | | |
| Can you be flexible on these days? | | | | | YES  NO  Please detail | | | |
| **Trainee now needs to send this completed form to trainee’s TPD and HEIW to identify a suitable placement and detail proposed arrangements.** | | | | | | | | | | | | | | | | |
| **Section 4 – Placement details** | | | | | | | | **To be completed by the Training Programme Director** | | | | | | | | |
| Hospital | | | | | | | |  | | | | | | | | |
| HEIW Post number (if known) | | | | | | | | WAL/ | | | | | | | | |
| Start date for this placement | | | | | | | |  | | | | | | | | |
| End date for this placement | | | | | | | |  | | | | | | | | |
| Reduced hours in a full time slot | | | | | | | | | Yes  No | | | Agreed % WTE | | |  | |
| Slot share | | | | | | | | | Yes  No | | | Agreed % WTE | | |  | |
| Supernumerary (Foundation only) | | | | | | | | | Yes  No | | | Agreed % WTE | | |  | |
| Start date for slot sharing arrangement | | | | | | | | | |  | | | | | | |
| End date for slot sharing arrangement | | | | | | | | | |  | | | | | | |
| Slot share partner 1 (add more rows if applicable) | Trainee Name | | | | |  | | | | | | | | | | |
| GMC/GDC Number | | | | |  | | | | | | | | | | |
| %WTE | | | | |  | | | | | | | | | | |
| **Training Programme Director –** *I confirm that these arrangements can be delivered within the training programme and meet the educational requirements of this trainee.* | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | |
| Date | | | | | |  | | | | | | | | | | |
| **TPD now needs to send this completed form back to the trainee with details of the proposed allocation and placement** | | | | | | | | | | | | | | | | |
| **Section 5 – Trainee agreement** | | | | | | | | | | | | | | | | |
| **Trainee –** *I confirm agreement with these arrangements as detailed by the TPD and confirm I have read and sign up to the terms as detailed in the LTFT Trainee Handbook***.** | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | |
| Date | | | | | |  | | | | | | | | | | |
| **This completed form should now be submitted to HEIW for approval and discussion with the host organisation.** | | | | | | | | | | | | | | | |
| **Section 6 – HEIW approval** | | | | | | | | | | | | | | | |
| **HEIW Representative** – *I confirm that the funding arrangements (where applicable) are agreed.* | | | | | | | | | | | | | | | |
| Name | | | | | | |  | | | | | | | | |
| Signature | | | | | | |  | | | | | | | | |
| Date | | | | | | |  | | | | | | | | |
| **Section 7 – Host and Employing Organisation approval** | | | | | | | | | | | | | | | | |
| **Host/Employing Organisation** – *I confirm that the Health Board is satisfied with the arrangements and can accommodate the proposed LTFT request for this post. (n/a for GP trainees in GP Surgery posts)* | | | | | | | | | | | | | | | | |
| Name and job title | | | | |  | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | |
| Date | | | | |  | | | | | | | | | | | |
| **FOR GP SURGERY POSTS ONLY**  **Practice Manager** – *I confirm that the Surgery is satisfied with the arrangements for this post.* | | | | | | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | |
| Date | | | | | |  | | | | | | | | | | |