**Change in LTFT Working Hours**

* Submission of this form is to confirm eligibility to train less than full time
* All forms should be fully completed. Any applications missing required information will be sent back for recompletion, causing delays.
* This form should be submitted 16 weeks prior to the date you wish to commence LTFT training, where possible.
* You are not permitted to change LTFT training hours until you have had your application approved by the Deanery.
* You are required to submit 'Changes to LTFT Working Hours’ if you wish to change the percentage of hours you are working and should provide a minimum of 16 weeks’ notice.
* The Deanery will formally write to you confirming whether your application has been supported and will be copied to your TPD/FTPD and employer. Where a change has been approved the employer must receive a minimum of 12 weeks' notice in line with the requirements of the Code of Practice. You should then meet with your Educational Supervisor / Champion of Flexible working to agree a personalised work schedule specific to your learning needs. A copy of the personalised work schedule may be requested by the Deanery.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Personal details** | | | |
| Surname |  | Maiden name (if previously used in training) |  |
| First name(s) |  | GMC/GDC number |  |
| Email address |  | Phone number |  |
| Are you currently on a Tier 2 or Skilled Worker Sponsorship? | Yes  No | **If yes**, please note a condition of your visa is to be in receipt of an 'appropriate salary'. It is your responsibility to ensure your LTFT hours meet this threshold. Please see guidance available via:-<https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship/Frequently-Asked-Questions-FAQs> | |

|  |  |
| --- | --- |
| **2. Proposed LTFT Placement & Training Plan** | |
| Level you will be working at (e.g. FY2 ST1) | Choose an item. |
| Name of training programme |  |
| Name of trust / practice where you will be working LTFT |  |
| Proposed date of change | Click to enter a date |
| LTFT end date (if known) | Click to enter a date |
| Current percentage (Full time = 100% and is equivalent  to 10 sessions) | Choose an item. |
| Proposed percentage (Full time = 100% and is equivalent  to 10 sessions) | Choose an item. |

|  |  |
| --- | --- |
| **3. Applicant signature** | |
| Signature |  |
| Date | Click to enter a date |

Local Office Approval

Date of receipt: Click to enter a date.