

## INSTRUCTIONS FOR COMPLETING FORM 1: ELIGIBILITY ASSESSMENT & TRAINING PLAN

Please read the information below carefully before completing this form

### \*IMPORTANT INFORMATION\*

It is likely this form has opened as a webpage, please ensure you save the form locally on your desktop before you begin completion. Please also ensure you have opened this application form in Adobe Reader. This should happen automatically as Adobe Reader is pre-installed on most computers, except MACs. Please do not begin completing this form if it has opened in an internet browser or PDF Previewer, as this will invalidate the digital signature fields and your form will be returned for re-completion. Please also note, this form cannot be completed using a smart phone, iPhone or iPad.

Step by step **guidance for setting up a Digital ID** can be found here:

[Digital ID set up guide - Click Here](#)

If required, **Adobe Reader is available to download for free** here:

[Download Adobe Acrobat Reader Free - Click Here](#)

Essential **guidance for MAC users** can be found here:

[Electronic form guidance for MAC users - Click Here](#) we strongly recommend MAC users follow this guidance to ensure the form has opened with the correct software prior to completion.

It is essential for you and the approvers of this form to insert their digital ID onto the same form. It is your (the trainee's) responsibility to obtain all signatures and email a **singular**, fully completed electronic form back to HEE for final approval. Hand written, posted or printed/scanned forms will not be accepted as this will deem the electronic approval fields unusable. If you are having problems with the form after reading the available guidance above please contact [lftt.eoe@hee.nhs.uk](mailto:lftt.eoe@hee.nhs.uk)

- Before completing this form you must ensure you meet at least 1 of the LTFT eligibility criteria detailed in the [Gold Guide](#) / HEE, EoE [LTFT webpages](#)
- Submission of this form is to: 1. Confirm eligibility to train LTFT, 2. Confirm approval for LTFT training by HEE, 3. Ensure your employer, Educational Supervisor, TPD and HEE are aware of these arrangements, 4. Confirm funding arrangements with your employer.
- All information marked with a red asterisk (\*) is mandatory and must be completed unless otherwise stated. Any applications missing mandatory information will be sent back for re-completion, causing delays.
- Form 1 (or 2 if renewing) should be submitted **3** months prior to the date you wish to commence LTFT training where possible. The local team will not accept responsibility for forms that are submitted late, or delays caused by missing mandatory information/evidence.
- You are not permitted to commence LTFT training until you have had this form (or form 2 if renewing) fully approved and returned to you by the HEE local team.
- You are required to submit 'Form 2: Renewal LTFT Training Plan' in the following instances:
  - Each time you rotate to a different Hospital Trust or GP Practice
  - If you would like to change the percentage you are working at
  - Any change in your slot arrangements (e.g. if your slot share partner changes, or if you change from slot sharing to LTFT in a full time slot).
- If you are slot sharing you must ensure your slot share partner has submitted a matching training plan for approval.
- Your proposed training plan is to be negotiated with your Educational Supervisor/Tutor and TPD/FTPD, and should demonstrate that you will continue to access all aspects of training relevant to the curriculum. The dates for the plan are proposed dates only; formal arrangements need to be agreed with your FTPD/TPD and medical staffing at the Trust / Practice in which you will be placed once your application has been approved. **If you are unsure of who your FTPD/TPD is please refer to this question in our [LTFT FAQs \(click here\)](#) and follow the instructions/links provided.** TPDs will also be able to provide you with details of your Educational Supervisor/College Tutor if you are not already aware of who this is.
- Approval of this form does not guarantee that you will be able to train less than full time. This is dependent on the capacity to accommodate you in the training programme and available resources.
- Please be aware that it isn't always possible to accommodate LTFT trainee's immediately / on you chosen start date.
- If you wish to revert back to full time training before your agreed end date you should discuss this with your TPD, Educational Supervisor and Trust/Practice in the first instance. Once agreed by all, you must inform HEE by emailing the LTFT mailbox with confirmation that this can be accommodated and the date you will be reverting back to full time training.

Please see our website for the LTFT policy, renewal application, and detailed FAQs:  
[https://heeoee.hee.nhs.uk/less\\_than\\_full\\_time\\_training](https://heeoee.hee.nhs.uk/less_than_full_time_training)

## LTFT Form 1: Eligibility Assessment & Training Plan for LTFT Training

1. Personal Details			
<b>Surname*</b>		<b>Maiden name*</b> (if previously used in training)	
<b>First name(s)*</b>		<b>GMC number*</b>	
<b>Email address*</b>		<b>Phone number*</b>	
<b>Are you a Tier 2 Visa holder?*</b>	Yes	No	
	If yes, please note a condition of your visa is to be in receipt of an 'appropriate salary'. The minimum appropriate salary is currently <b>£20,500</b> however this will increase (for new visa applicants only) to <b>£25,000 in autumn 2016</b> , rising again to £30,000 in April 2017. It is your responsibility to ensure your LTFT hours meet this threshold.		

2. LTFT Eligibility Category & Supporting Evidence	
Please select <b>one</b> reason below that best describes your circumstances and then provide full details in the corresponding box below, <b>ensuring you attach any mandatory evidence at the time of emailing this form to HEE, EoE.</b>	
	<b>A. Responsibility for caring for children (Category 1)</b>
	I confirm my child/children are 16 years old or younger <u>or</u> I have a disabled child/children under 18 and receiving disability living allowance* ( <u><i>please note this is essential if you wish to work less than full time for this reason.</i></u> )
Please provide a brief supporting statement in the box below relevant to your current situation, including family support, spouse occupation, home situation*	
	<b>B. Health related reasons (Category 1)</b>
	I have submitted a letter supporting my LTFT application from an appropriate body e.g. GP, Occupational Health or Consultant* ( <u><i>please note this evidence is essential if you wish to work less than full time for health reasons.</i></u> )
Please provide a brief supporting statement in the box below, along with correspondence from your GP, Consultant or Occupational Health*	
	<b>C. Direct carer for ill/disabled partner, relative or dependant (Category 1)</b>
Please provide a brief supporting statement in the box below, also ensuring you submit any relevant evidence e.g. GP or Consultant letter*	
	<b>D. Unique opportunity for professional development / short term extraordinary responsibility / religious commitment / other reason (Category 2)</b>
Please provide full details of your reason for applying for less than full time training in the box below, ensuring you submit any relevant evidence*	

3. Current Training Details				
I am currently*	A foundation trainee	A specialty Trainee (Core / higher / run-through)	A military trainee	Not in a training programme
Name of training programme*		Level*	Current CCT date*	
Name of Trust, Practice or Medical School*				
If you are a GP trainee do you still have hospital placements to complete?*	Yes		No	
	If yes, please provide name of Trust(s) and dates			

4. Proposed LTFT Placement & Training Plan			
The post I would like to train LTFT in is*	The <b>Foundation</b> programme I am currently training in		The <b>Foundation</b> programme I have just been recruited to
	The <b>Specialty</b> programme I am currently training in		The <b>Specialty</b> programme I have just been recruited to
Name of training programme*		Level you will be working at*	
Name of Trust / Practice where you will be working LTFT*			
Proposed LTFT start date for this training plan* (dd/mm/yyyy)		Proposed LTFT end date for this training plan* (dd/mm/yyyy)	
Proposed percentage of full time* (Full time = 100% and is equivalent to 10 sessions)			
	I confirm I have discussed my LTFT working timetable with my Educational Supervisor and it meets my curricular needs* <i>This is essential - applications without this box ticked will be returned</i>		
I will be working* (if unsure please contact HR at your Trust/lead employer)	A full shift rota <i>Go to section 5</i>	An on-call rota <i>Complete box directly below then move onto section 5*</i>	In General Practice on a sessional basis <i>Complete box directly below then move onto section 5*</i>
Provide an example of the days/sessions you are planning to work and details of sessional activities			

5. Proposed LTFT Training Plan Approval			
<b>Training Programme Director or LTFT Specialty Lead Approval &amp; Declaration— TPD/FTPD or LTFT Lead to complete all sections</b>			
Agreed LTFT start date for this training plan* (dd/mm/yyyy)		Agreed LTFT end date for this training plan* (dd/mm/yyyy)	
Whole time equivalent* (e.g. 0.8 = 80% of full time)			
Type of slot arrangement for this trainee*	Less than full time in a full time slot/post	Slot/post share	Supernumerary (only possible if prior HEE approval in place)
If trainee is slot sharing full name, grade and WTE of slot share partner*	Please ensure the slot share partner has submitted a LTFT application – uplift funding for Trusts will be withheld until both training plans are received.		
I confirm the appointment of this applicant in open competition, and that I support this LTFT training application			
TPD / LTFT Specialty Lead name*		TPD / LTFT Specialty Lead email address*	
TPD / LTFT Specialty Lead digital ID* <a href="#">Digital ID set up guide - Click Here</a>			

Local Educational Supervisor or Tutor Approval & Declaration – ES or Tutor to complete all sections			
I confirm that I have agreed a LTFT timetable with this trainee, and agree that their required educational needs and curricular requirements will be met			
ES / Tutor name*		ES / Tutor email address*	
ES / Tutor digital ID*			
<a href="#">Digital ID set up guide - Click Here</a>			
Medical Staffing/HR Approval & Declaration - Med staffing to complete (if Trust-based LTFT application)			
I confirm that the Trust will fund the out of hours costs and is able to accommodate the LTFT arrangements detailed in this application			
Medical staffing/HR name*		Medical staffing/HR email address*	
Medical staffing/HR digital ID*			
<a href="#">Digital ID set up guide - Click Here</a>			
GP Approval & Declaration – GP Practice Manager to complete (if Practice-based LTFT application)			
I confirm that the Practice is satisfied and able to accommodate the LTFT arrangements detailed in this application			
Practice Manager name*		Practice Manager email address*	
Practice Manager digital ID*			
<a href="#">Digital ID set up guide - Click Here</a>			

6. Applicant Declaration - please ensure all boxes below are checked	
	I have read the HEE, EoE policy on less than full time training*
	In accordance with the new pay arrangements I understand that I will normally be expected to move between posts and rotations on the same basis as a full time trainee in the same specialty*
	I understand personal information is recorded on HEE, EoE databases and shared with those who have responsibility for the organisation, management and delivery of training to help them execute their function in the planning and delivery of training*
	I have agreed my application with my Training Programme Director and I give HEE, EoE permission to contact him or her regarding my application if necessary*
	I understand I am not permitted to engage in any other paid employment whilst undertaking LTFT training, including <b>planned</b> locum work*
	I understand that I must submit a renewal LTFT training plan each time I rotate to a new placement Trust or Practice, or if I change the percentage I'm working at, or change my slot arrangement (e.g. slot share to LTFT in a FT slot)*
	I agree that the information given in this application is accurate to the best of my knowledge and belief*
Applicant's digital ID*	
<a href="#">Digital ID set up guide - Click Here</a>	

Now please email your fully completed application **and supporting evidence** to [ltft.eoe@hee.nhs.uk](mailto:ltft.eoe@hee.nhs.uk) for HEE, EoE to assess.

**7. HEE Approval (for EoE to complete)**

I confirm this trainee's eligibility to train LTFT	Yes	No
	If no, please state reason	
I confirm this trainee's proposed LTFT training plan	Yes	No
	If no, please state reason	
HEE EoE LTFT Programme Director's digital ID		

**For EoE office use only**

Date	Initials	Brief description of query and action taken