INSTRUCTIONS FOR COMPLETING

LTFT FORM 3: Higher Emergency Medicine LTFT Training Pilot

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.

- In order for your application to participate in this pilot to be considered, this form must be submitted back to the EoE LTFT mailbox: ltft.eoe@hee.nhs.uk by **16.00 on Wednesday 25th April 2018**

- 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 both approval signatures (your TPD and Medical Staffing/HR) 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 ltft.eoe@hee.nhs.uk

- 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.

- As a pilot participant you are not able to choose which days and hours you wish to reduce under this pilot. Working patterns need to be agreed with your employing Trust and you must be available to work across all shifts and days.

- If you are slot sharing you must ensure your slot share partner has submitted a matching form for approval.

- 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, and employing Trust 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 full details
https://heeoe.hee.nhs.uk/node/4674

LTFT FORM 3: Higher Emergency Medicine LTFT Training Pilot

1. Personal Details

Surname*		**Maiden name***(if previously used in training)	
First name(s)*		**GMC number***	
Email address*		**Phone number***	
Are you a Tier 2 Visa holder?*	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 **£30,000 as of April 2017.** For visa applications submitted before 2017, it is your responsibility to seek advice from the Home Office and ensure your LTFT hours meet the threshold.		

2. Current Training Details

I am currently training in Emergency Medicine at level*		**Current CCT date***	
Name of current employing Trust*			

3. Proposed LTFT Placement for Pilot

I would like to train LTFT in Emergency Medicine at level*			
Name of employing Trust(s) where you will be working LTFT*			
Proposed LTFT start date - must be from 01/08/2018 onwards* (dd/mm/yyyy)		**Proposed LTFT end date - must end by 31/07/2019*** (dd/mm/yyyy)	
Proposed percentage of full time* (Full time = 100% and is equivalent to 10 sessions)	50%	60%	80%

Medical Staffing/HR Approval & Declaration - Med staffing to complete

Agreed LTFT hours of work / shift pattern for this trainee – to be negotiated and agreed with trainee*	

I confirm approval of this LTFT pilot placement and that this will not affect safe local service provision and workforce stability will be maintained*	
Yes	**No**

If no, please provide reasoning:

Training Programme Director to investigate whether alternative Trust would be able to accommodate LTFT training

Medical staffing/HR name*		**Medical staffing/HR email address***	
Medical staffing/HR digital ID* Digital ID set up guide - Click Here			

4. Proposed LTFT Pilot Approval

Training Programme Director Approval & Declaration - TPD to complete and insert digital ID

Agreed LTFT start date for this LTFT pilot - must be from 01/08/2018 onwards* (dd/mm/yyyy)			**Agreed LTFT end date for this LTFT pilot - must end by 31/07/2019***(dd/mm/yyyy)	
Agreed whole time equivalent* (e.g. 0.8 = 80% of full time)	**0.5**	**0.6**		**0.8**
Agreed employing Trust(s) for this LTFT placement (may be necessary to place trainee at a different Trust(s) in order to accommodate LTFT training)				
Type of slot arrangement for this trainee*	Less than full time in a full time slot/post		Slot/post share	
If trainee is slot sharing full name, grade and WTE of slot share partner*	*Please ensure the slot share partner has submitted a LTFT pilot form or standard LTFT application– uplift funding for Trusts will be withheld until paperwork from both trainees had been received and approved*			

I confirm approval of this LTFT pilot placement and that this will not affect safe local service provision and workforce stability will be maintained				
TPD name*			**TPD email address***	
TPD digital ID* Digital ID set up guide - Click Here				

Approvals continued on following page…

5. Applicant Declaration - please ensure all boxes below are checked

	I have read the HEE Opportunities for Higher EM LTFT Pilot Project Guidance Document *
	I confirm I have I have sought advice in advance of making this application to assess the financial impact, pension implications and any visa issues (if applicable)*
	I confirm I do not meet the standard Gold Guide eligibility criteria to train less than full time and that participation in this pilot is my only way to access LTFT 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 discussed this application with my Training Programme Director and HR/Medical Staffing I give HEE, EoE permission to contact them regarding my application if necessary*
	I understand any additional locum work undertaken whilst participating in this pilot should be periodic and not frequent. This should normally be up to a maximum of 8 hours, or one shift per month*
	I confirm that the information given in this application is accurate to the best of my knowledge and belief*
Pilot applicant's digital ID* Digital_ID_set_up_guide - Click Here	

Now please email your fully completed LTFT pilot application form to eoe.ltft@hee.nhs.uk for HEE EoE to assess.

6. HEE Approval (for EoE to complete)

I approve this trainee's participation in the Higher EM LTFT Pilot	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		