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| **Please fill out the below form with all the leave that you have taken to date. Time out of training should reflect days absent from the training programme and is considered by the ARCP panel/ HEE and the GP Head of School/ RCGP in the recalculation of the date you should end your current training programme.** **TOOT should NOT include:** **X Study leave****X paid annual leave****X prospectively approved Out of Programme Training/ Research (OOPT/OOPR)** |
|  |  |  |  |  |  |  |  |
| **ST1** | **ST1 Start Date:** |   | **ST1 End Date:** |   |
| **Type of Leave:** | **Sick** | **Carers** | **Maternity** | **Adoptive** | **Paternity** | **Other** | **Overall Total** |
| **Total Number of Days** |   |   |   |   |   |   |  |
| **If other, please specify** |  |
|  |  |  |  |  |  |  |  |
| **Total leave taken in ST1** |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |
| **ST2** | **ST2 Start Date:** |   | **ST2 End Date:** |   |
| **Type of Leave:** | **Sick** | **Carers** | **Maternity** | **Adoptive** | **Paternity** | **Other** | **Overall Total** |
| **Total Number of Days** |   |   |   |   |   |   |  |
| **If other, please specify** |  |
|  |  |  |  |  |  |  |  |
| **Total leave taken in ST2** |   |   |   |   |  |  |
|  |  |  |  |  |  |  |
| **ST3** | **ST3 Start Date:** |   | **Current CCT date:** |   |
| **Type of Leave:** | **Sick** | **Carers** | **Maternity** | **Adoptive** | **Paternity** | **Other** | **Overall Total** |
| **Total Number of Days** |   |   |   |   |   |   |  |
| **If other, please specify** |  |
|  |  |  |  |  |  |  |  |
| **Total leave taken in ST3** |   |   |   |   |  |  |

**Time out of training further information form**