**Less Than Full Time (LTFT) Application Form**

**This form should be completed for new applications and applications to change less than full time percentage.**

This form must be completed and signed by both the doctor in training and the TPD/FPD before submission to the NHS England Less than full time training team.

Before completing this form please familiarise with the Less Than Full Time guidance which can be found on the NHSE-NW website, particular consideration should be given to the following points.

Repetitive additional work may lead to a review of LTFT training schedule and/or eligibility

LTFT for health reasons is unlikely to support additional working.

Completed forms should be submitted to [england.ltft.nw@nhs.net](mailto:england.ltft.nw@nhs.net) .

**To be completed by the Postgraduate Doctor in Training:**

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| **Details** | | | | | | |
| **Name:** |  | **Email address:** | | |  | |
| **GMC/GDC:** |  | **Contact phone number:** | | |  | |
|  |  |  | | |  | |
| **Are you on a Tier 2/4 or Skilled Worker Visa holder?**  (Please ensure you read guidance [here](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/overseas-sponsorship-contact-details) ) | | Choose an item.  Please note, you are responsible for ensuring your application complies with immigration regulations and guidance and must inform the sponsorship team by clicking [here](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/certificate-of-sponsorship-cos) | | | | |
| **School:** | Choose an item. | **Specialty** | | | Choose an item. | |
| **Grade:** | Choose an item. | **Next rotation date:** | | | Click or tap to enter a date. | |
| **TPD/FPD name and email address:** |  | | | | | |
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| **New Application** | | | | | | |
| **Reason for application:** | Choose an item. | | **Requested % (WTE):** | | | Choose an item. |
| If you have selected ill health/disability, have you engaged with Occupational health and/or a medical practitioner | | | | Choose an item. | | |
| **Preferred Start Date:** | Click or tap to enter a date. | | | | | |
| This will normally be the date of your next rotation with at least 16 weeks’ notice. Exceptions may apply for disability, ill-health, and urgent caring responsibilities, please provide an explanation if this applies: | | | | | | |
|  | | | | | | |
| **Further explanation**  Please use this section to provide any supporting information in line with section 3.123 in Gold Guide 9 <https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf> | | | | | | |
|  | | | | | | |
| **If you are wishing to increase/decrease your %, please complete this additional section (including Returning to Full Time)** | | | | | | |
| Current % (WTE): | Choose an item. | New % (WTE): | | | Choose an item. | |
| Start Date: This should be the next rotation date with 16 weeks’ notice, unless there is an exceptional reason. | | Click or tap to enter a date. | | | | |

**Declaration –** by signing this form I agree to inform NHSE LTFT team of any changes in my LTFT percentage by resubmitting this form within the required timescales to avoid any over/under payments in my salary.

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| **Doctor in Training signature**  (Electronic signature can be used): |  |
| Date: | Click or tap to enter a date. |

**To be completed by the Training/Foundation Programme Director**

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| Is this application approved or declined? | Choose an item. | |
| Please confirm the LTFT Start date: | Click or tap to enter a date. | |
| \*This will usually be the date of the next rotation with 16 weeks’ notice, unless exceptions for disability, ill-health, urgent caring responsibilities. Please discuss with the LTFT team [england.ltft.nw@nhs.net](mailto:england.ltft.nw@nhs.net) | | |
| If declined please state rationale, including any other arrangements which can be made: | | |
|  | | |
| Does the doctor in training require additional support from NHSE Professional Support & Wellbeing service? For example, for complex health or caring needs If yes, please complete the form by clicking [here](https://forms.office.com/e/maQtFpnNDW) | | Choose an item. |
| Is there a need for short-term supernumerary funding due to exceptional circumstances? If yes, please contact TRES email address [england.tres.nw@nhs.net](mailto:england.tres.nw@nhs.net) | | Choose an item. |
| TPD Signature (can be signed electronically): |  | |
| Date | Click or tap to enter a date. | |

**For administrative purposes only – to be completed by NHSE LTFT Team.**

**To be completed by the Less than Full Time training Team**

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| LTFT Application Decision: | Choose an item. |
| If declined, please detail the rationale: | |
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| Signature: |  |
| Date: | Click or tap to enter a date. |