

Appendix 3: Confirmation of Return to Training

Name:		
Position:		GMC No.:
Place of work before absence:		
Date of return:		
Period of Absence:	From:	To:
Reason for Absence:		
Place of work on return:		
Intention to return to training: Full time LTFT		
Training undertaken during period of leave (e.g. induction, courses, Keeping in touch days / SPLIT days etc.)		
End of return to work programme comments (including number of WPBA completed)		

Confirmation by returning trainee

I feel confident in all respects to recommence full duties on: (date)		
Signed:	Printed:	Date:
Confirmation by educational supervisor/trust specialty training lead		
Signed:	Printed:	Date: