**Trainees name (please print): ………………………………………………………**

**Start date of THIS LTFT period: …………………….. End date of LTFT period: ……………………..**

**Percentage to be worked: …………………….. Level of trainee: (eg ST1, 2, 3) ………………..**

**Trainers name (please print): ………………………………….. Practice: ……………………………….**

Please indicate below the activity of the trainee during the week, FOR EXAMPLE –

* Tutorial
* Structured teaching programme
* Surgery
* Team Meetings
* Visits
* Education activity (eg private study)
* Not working

Timetable prepared to demonstrate compliance with 2016 junior doctor hours for GPST’s and to ensure correct mix of Clinical time (C) and Education time (E)

**PLEASE ENSURE THAT THE TIMES OF EACH ACTIVITY ARE INCLUDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Time** | **Activity** | **(C) hours** | **(E)****hours** |
| **Monday** |  |  |  |  |
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| **Tuesday** |   |  |  |  |
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| **Wednesday** |  |  |  |  |
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| **Thursday** |  |  |  |  |
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| **Friday** |  |  |  |  |
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\* A half-hour lunch break will be taken each day between 12:00 – 13:30, but exactly when it is taken will depend on the nature of visits.

**We agree that the above timetable is an accurate reflection of the weekly timetable.**

**Signed (trainee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed (trainer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**