

STAGE 2 - CONFIDENTIAL (to be completed 3 mths prior to commencement of post)



LTFT Training Plan

It is the responsibility of the LTFT trainee to arrange completion of the following:

Surname:		First Name:	
GMC/GDC Number:			
Address for Correspondence:			
Telephone No:		Email:	
Training Programme (include specialty and subspecialty where appropriate)			
Grade and Year of Training			
Employing Health Board			
Hospital / Surgery			
Start date for this training plan only			
End date for this training plan only			
Number of sessions to be worked (full time is equivalent to 10 sessions)			
PROPOSED WEEKLY TIMETABLE			
	AM (please indicate starting and finishing times)	PM (please indicate starting and finishing times)	
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
Proposed out of hours arrangements			
POST ARRANGEMENTS			
Deanery hospital post number for this Plan: (if known)			
Reduced hours in a full time slot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreed % WTE	
Supernumerary (if already confirmed by the Deanery)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreed % WTE	
Slot share (must be confirmed by the Deanery)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreed % WTE	
Start date for slot sharing arrangement			

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End date for slot sharing arrangement		
Details of slot sharers:		
Partner 1	Trainee Name	
	GMC/GDC Number	
	%WTE	
Partner 2	Trainee Name	
	GMC/GDC Number	
	%WTE	
Partner 3	Trainee Name	
	GMC/GDC Number	
	%WTE	
FOR GP SURGERY POSTS ONLY		
Practice Manager – I confirm that the Surgery is satisfied with the arrangements for this post.		
Name		
Signature		
Date		
Training Programme Director – I confirm agreement and that these arrangements meet the educational requirements of this trainee.		
Name		
Signature		
Date		
Trainee – I confirm agreement with these arrangements.		
Name		
Signature		
Date		
Trainees must now send a copy of the completed LTFT Training Plan to the Deanery for action and approval. You will receive confirmation as to whether your LTFT training arrangements have been approved.		

LTFT Officer to arrange completion of the following:

Host/Employing Organisation – I confirm that the Health Board is satisfied with the arrangements for this post. (n/a for GP trainees in GP Surgery posts)	
Name and job title	
Signature	
Email	
Date	
Deanery Representative – I confirm that this post is fully approved and funding arrangements (where applicable) agreed.	
Name	
Signature	
Date	