**Thames Valley Supported Return to Training – Request for Funding**

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| Funding Requested by: | |
| Role: | |
| Email address: | Contact number: |

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| **Trainee Details** | | | |
| Name: | | | GMC Number: |
| Programme: | | | |
| Grade: | Trust: | | |
| Start Date: | | CCT Date: | |
| Reason for time out of training:  Maternity/Parental Leave  Sick Leave  OOPT  OOPR OOPE OOPC  Other: | | | |
| Out of programme/training dates:  From: To: | | | |
| Anticipated return to work date: | | | |
| Details of funding required and dates (e.g. Supernumerary, course fees, simulation): | | | |
| Brief reasons for funding request: | | | |
| Signed: | | | |

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| **For Office Use:**  Authorised by:  Amount of funding agreed:  Comments: |