**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:  |