**Less Than Full Time Training Scheme**

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| **TRAINEE DETAILS**  |
| Surname (used in training)  |  | First Name |  |
| Title |  | Gender |  | GMC Number |  |
| Email Address |  |

 **CHANGE OF PERCENTAGE FORM**

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| Are you on a Tier 2 or Skilled Worker Sponsorship Yes [ ]  No [ ]   | **If yes**, please note there are minimum salary requirements. It is your responsibility to ensure your LTFT hours meet this thresholdPlease refer to the information available [here](https://specialtytraining.hee.nhs.uk/Recruitment/Overseas-Sponsorship/Frequently-Asked-Questions-FAQs) which includes a link to a LTFT ‘calculator’ which will assist you in establishing whether your LTFT request is likely to meet the requirements of your sponsorship. |
| PROPOSED CHANGES – Applications must be received a minimum of 12 weeks before proposed start date of any change. |
| Provide the detailed reason for your intended change to your working percentage. Please note that there is no guarantee that this change can be met so please wait for written confirmation from HEE Thames Valley before making any changes.  |
| If you are applying to change percentage less than 12 weeks before the proposed first date of change please provide a detailed reason why? |
| Name of Training Programme |  | Level you will be working at:  |  |
| Name of Trust/Practice where you will be if known working LTFT if known |  |
| Proposed start date of change: |  |
| Your actual hours worked may vary depending on the hours of the full time trainees on the rota. (Full time = 100% and is equivalent to 40-48 hours’ dependant on full time working hours) | Proposed change of percentage of full time:  |
| **DECLARATION** |
| a) I have read Health Education England working across Thames Valley information on LTFT training.b) I confirm that I have discussed these changes with the named individuals below where applicable to my training specialty and they are in support  TPD Name……………………………………………………………………………………………………………………… GP Patch AD Name…………………………………………………………………………………………………………… Medical HR Name…………………………………………………………………………………………………………….. and they are aware that I am applying to train at**………%**c) I agree that information provided on this form may be recorded and held on Health Education England secure database and may also be passed to my employing Trust in accordance with the Data Protection Act 1998 and General Data Protection Regulation 2018. I also agree that there may occasionally be a need to use my details for trainee mailings, but will only be used by those closely connected with my training. By consenting to this you are also confirming that you have accepted the terms of HEE’s [privacy statement](https://www.hee.nhs.uk/about/privacy-notice).d) I agree not to exceed the Out of Hours equivalent of my Full Time colleagues in accordance with my pro rata basic hours.e) I agree that the information given in this change form is accurate to the best of my knowledge and belief. |
| **Signature** : ………………………………………………………..(**Ink signed or scanned image of ink signature only**t**yped signatures will not be accepted) :****Print Name :………………………………………………. Date Completed :……………………………..** **Completed forms should be sent to** **ltft.tv@hee.nhs.uk** |
| **Training Programme Director**State where the trainee will be doing the attachment, percentage of less than full time training, from what date and anything else that is relevant: |
| Training Programme Director approval of changes: Date:Training Programme Director Name : ……………………………………………………….Training Programme Director Signature : …………………………………………………….. |
| **CONFIRMATION OF CHANGE – FOR HEE – THAMES VALLEY OFFICE USE ONLY** |
| **Health Education England – Education Programme Officer** |  |
| Date Approved by Head of School (via email): ………………………..Rotation Grid and TIS Updated: [ ]  Yes [ ]  No |  |