

STAGE 1



LTFT Training in Wales – APPLICATION FORM

Note to the Trainee: You can use this form to make an application to train Less than Full Time (LTFT).

You should ensure you have read the LTFT Training Policy document as this will provide you with details regarding the process.

You should ensure that you submit your application to the Deanery well in advance of the date you wish the request to take effect (at least 4 months prior to the planned start of LTFT training).

You must also ensure that you have discussed this application with your Training Programme Director before submission.

Once you have completed the form, you should immediately forward it to flexibletrg@cardiff.ac.uk (you might want to keep a copy for your own records).

CONFIDENTIAL

PART 1 - APPLICANT DETAILS			
Surname		First Name	
GMC/GDC Number			
Address for Correspondence			
Home Tel. No.		Work Tel. No.	Bleep/Ext.
Mobile No.		E-mail Address	
Current Training Post			
Grade and Year		NTN/VTN	
Specialty		Current Hospital/Practice	
Start date		Anticipated end date	
CCT/CCST Date		Hours of work	
CT/ST Rotation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotation/Scheme End Date	
GP VTS Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DFT/DCT Scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

STAGE 1

Current salary			
Are you on a Tier 2 visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently working part time?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please give details		
PART 2 - APPLICATION FOR ELIGIBILITY			
Reason for the request:			
Category 1			
<input type="checkbox"/> Responsibility for caring (Men and women) for children.			
<input type="checkbox"/> Responsibility for caring for ill/disabled partner, relative or other dependent.			
<input type="checkbox"/> Disability, ill health or other health reasons receiving treatment			
Category 2			
<input type="checkbox"/> Other (please provide details)			
PART 3 – PROPOSED LTFT TRAINING ARRANGEMENTS			
Please provide details of your preferred LTFT training arrangements. Please note that there is no guarantee that these can necessarily be met.			
LTFT training for Foundation			
LTFT training for Specialty			
LTFT training for General Practice			
LTFT training for Dental Foundation Training (DFT)			
LTFT training for Dental Core (DCT1)			
LTFT training for Dental Specialty			
Anticipated start date (please specify date, not ASAP)		Reason this date was chosen	
Anticipated End Date		Review date (next rotational date)	
Grade at start of LTFT		Specialty at start of LTFT	
Preferred % WTE			
Preferred Area or Health Board/Trust	SE Wales <input type="checkbox"/> SW Wales <input type="checkbox"/> N Wales <input type="checkbox"/>		
Preferred GP/Dental Training Scheme			

STAGE 1

PART 4 - DECLARATION

Please note: We would normally expect that applicants train LTFT with another slot-share trainee. Your details (name, specialty, %wte) may also be shared with others slot sharing with you to develop the LTFT Training Plan.

I can confirm that I understand the following:

- I have read and understood the LTFT Training Policy.
- If my application is deemed eligible this does not guarantee that a suitable LTFT training placement will be identified.
- It is my responsibility to contact the Specialty Advisor for LTFT/Training Programme Director/FP Associate Dean to discuss my application and develop an LTFT Training Plan for consideration by my employing Health Board.
- Until a date for working LTFT has been confirmed in writing from the Wales Deanery I will continue with my current training programme and rotate as previously planned and agreed with the Training Programme Director.
- I acknowledge that I may be placed in a variety of slot sharing, part time in full time placements and full time placements throughout the course of my programme.
- My original training post rotation cannot be guaranteed and I agree to participate in a rotation that meets the relevant curriculum requirements.
- My LTFT training start date will depend upon funding, educational and employer approvals.
- I will be required to participate in the annual LTFT training survey.
- It is my duty to inform my medical Royal College of my LTFT start date and % WTE.
- I will be required to undertake all aspects of my training pro rata including out of hours and I cannot decline to work specific nights unless full time trainees also have the same arrangement.
- I will inform the Deanery of any changes to my current situation and future plans i.e contact details, LTFT training start and end date, future maternity leave, OOP/IDTs etc.
- Should I wish to return back to full-time training earlier than originally planned this request must be submitted in writing to the Deanery. My return to full time training will only take place when a suitable full-time slot can be identified.
- I will not participate in other paid employment while training less than full time unless agreed in advance with the Postgraduate Dean.

I confirm that I have discussed my application with the Training Programme Director named below.

Training Programme Director _____

I agree that the information given in this application is accurate to the best of my knowledge and belief and that I have not knowingly provided false information.

Signature		Date		
Print Name				

PART 5 - DEANERY USE ONLY

Date LTFT Training Plan received	
Date HB approval requested	

STAGE 1

EQUALITY MONITORING FORM

The Wales Deanery is committed to equal opportunities. In order to monitor how far we are achieving this we need certain information from you at the point at which you apply for an LTFT training post. The information sought on this part of the form will not be used as part of the eligibility assessment process. The information you provide will not be included with your application and will only be used for monitoring purposes. Such use will be subject to the provisions of the Data Protection Act 1998.



1. PERSONAL DETAILS			
Date of birth (dd/mm/yyyy)		Gender – Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>	
2. ETHNIC ORIGIN			
I would describe myself as:			
White White (English) 11 <input type="checkbox"/> White (Irish) 12 <input type="checkbox"/> White (Scottish) 13 <input type="checkbox"/> Irish Traveller 14 <input type="checkbox"/> White (Welsh) 15 <input type="checkbox"/> Other White 19 <input type="checkbox"/>	Black or Black British Caribbean 21 <input type="checkbox"/> African 22 <input type="checkbox"/> Other Black background 29 <input type="checkbox"/> <hr/> Other Other ethnic background 80 <input type="checkbox"/> Do not wish to specify 98 <input type="checkbox"/>	Asian or Asian British Indian 31 <input type="checkbox"/> Pakistani 32 <input type="checkbox"/> Bangladeshi 33 <input type="checkbox"/> Chinese 34 <input type="checkbox"/> Other Asian background 39 <input type="checkbox"/>	Mixed White and Black Caribbean 41 <input type="checkbox"/> White and Black African 42 <input type="checkbox"/> White and Asian 43 <input type="checkbox"/> Other mixed background 49 <input type="checkbox"/>
3. DISABILITY			
Disability has a broad definition which can include physical and sensory impairments, specific learning difficulties, mental health difficulties and other medical conditions which are likely to have a long term effect on you.			
Do you consider yourself to have a disability, impairment, health or learning difficulties?			
Yes <input type="checkbox"/> No <input type="checkbox"/> I do not want to disclose whether I have a disability <input type="checkbox"/>			
If you have ticked YES your application will be forwarded to the Professional Support Unit of the Deanery who may contact you to offer additional support.			