

**FORM B**

**SERVICE APPROVAL FOR LESS THAN FULL TIME (LTFT) TRAINING APPLICATION**

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| **PLACEMENT BOARD** |  |
| ***Information for Service:*** *If the proposed LTFT arrangements require alteration e.g. % WTE, intended start date; please discuss with the Deanery. The details of the application should not be altered without prior discussion. It is the Placement Board’s responsibility to inform Lead Employer of any changes to sessions for payroll purposes.* | |

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| Name |  |
| **GMC Number** |  |
| **Grade** |  |
| **Specialty / Sub-specialty** |  |
| **Intended Initial Placement for LTFT** |  |
| **Reason for Application**  ***(Taken from the trainee’s application form)*** |  |
| **Intended WTE Sessions (%)**  ***(Taken from the trainee’s application form)*** |  |
| **Intended Start Date**  ***(Taken from the trainee’s application form)*** |  |
| **Is the application for duration of Training Programme or fixed time period?**  ***(If fixed time period please specify dates taken from trainee’s application form)*** |  |
| **Confirmation of Support by Service** | **Signature of Service:**  ***(e.g. Clinical Director or Practice Manager)***  **DATE:** |
| **If no, please provide written reason** |  |

***For Service Use:***

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| **Date Lead Employer notified of change** |  |

***For Deanery Use:***

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| **Date received by Deanery** |  |