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

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| **EMPLOYING BOARD** |  |
| Information for budget holder (service): If the proposed LTFT arrangements require alteration, e.g. %WTE, intended start date; please discuss with trainee and associate dean as required. The details of the application should not be altered without prior discussion. |

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| NAME |  |
| **GMC NUMBER** |  |
| **GRADE** |  |
| **SPECIALTY/sub-specialty** |  |
| **INTENDED PLACEMENT (LTFT)** |  |
| **REASONS FOR APPLICATION****(Taken from the trainee’s application form)** |  |
| **INTENDED WTE SESSION (%)****(Taken from the trainee’s application form)** |  |
| **INTENDED START DATE****(Taken from the trainee’s application form)** |  |
| **CONFIRMATION OF SUPPORT BY BUDGET HOLDER (SERVICE)** | **SIGNATURE OF BUDGET HOLDER:****(e.g. Clinical Director or Practice Manager)****DATE:** |
| **IF NO, PLEASE GIVE WRITTEN REASON** |  |

**Please return to local Associate Dean for LTFT Training:**

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| --- | --- | --- |
| East Region | Carrie Macewen | c.j.macewen@dundee.ac.uk |
| North Region | Joy Miller | joy.miller@nhs.net |
| South-East Region | Alastair Leckie | alastair.leckie@nes.scot.nhs.uk |
| West Region | Andrea Caldwell | andrea.caldwell@nes.scot.nhs.uk |

**For Deanery Use:**

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| **Date received by Deanery** |  |