**Pre-departure Checklist for Absence from Clinical Training**

**Please complete prior to departure with your current educational supervisor.**

*(ES - Please initial the 2nd column to indicate you have discussed the contents of the box\*)*

|  |  |
| --- | --- |
| **Name** |  |
| **Grade** |  |
| **Meeting Date** |  |
| **Educational Supervisor** |  |
| **Reason for Absence**  | **\*** |
| **Planned Start of Absence Date** **Planned Return Date** | **\*** |
| **How long have you been in your present role?** | **\*** |
| **Do you have any additional educational goals during your absence?** | **\*** |
| **Exam Status / Planned Exam Date** | **\*** |
| **Return to Training courses** Please inform your local return to work course organiser of your planned return date at least 3 months prior to return. *(See Welsh School of Anaesthesia website for contact and next course details).* See RCOA and GASAGAIN websites for national return to work courses. | **\*** |
| **Have you informed the relevant professional bodies of your planned absence?** *(tick those you have already informed)***RCOA/BMA/Welsh School/TPD/CT** | **\*** |
| **LTFT** - Are you planning on returning to work less than full time? **If so have you must discuss this with the TPD and LTFT advisor.****Following discussion an application should be made** **within the application windows (February and August for a start date 6 months later).** *(See Welsh School of Anaesthesia website for further details).*The days and percentage you plan on working should be discussed and agreed with your CT. They must include at least one of a Monday or Friday if you have fixed caring duties or be fully flexible if LTFT for work life balance. You will be expected to do prorata weekend working regardless of the week days you work.**You must inform the TPD and HEIW of your planned return date.**  *(This can be subject to change)***Have the TPD and HEIW been informed of this date? Yes / No** | **\*****\*** |
| **Trainee Signature**  **Date**  |  |
| **Educational Supervisor Signature** **Date** |  |

An electronic copy of this completed form should be uploaded to your LLP and sent to the TPD and speciality training manager.

**Return to Work Checklist**

*(To be completed at least 8 weeks prior to your return to clinical practice with your local Return to training lead/CT).*

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| --- | --- |
| **Name** |  |
| **Grade** |  |
| **Meeting Date** **Proposed RTW Date** |  |
| **Reason for Absence** | \* |
| **Date of Absence Start** | \* |
| **Review of pre-departure checklist** | \* |
| **Prior Experience** | \* |
| **Are you returning to a hospital in which you have previously worked?** | \* |
| **Exam status** | \* |
| **Modules completed to date** | \* |
| **Modules due for completion in this post** | \* |
| **Are you returning full time or less than full time? % and Working Days** | \* |
| Have you had any **Study Leave** during your absence? | \* |
| **What are your feelings about your confidence levels and skills on your return to work?** | \* |
| **What support would be most useful?** | \* |
| **PSU** Have you needed or would you be interested in any additional support from the Professional Support Unit? | \* |
| **ES**Plan to meet ES as early as possible. | \* |
| **On Calls** Depends on grade/hospital/rota to which you are returning. Plan for a supervised and supported return to on calls may include supernumerary shifts, daytime on calls with consultant cover, shift of on calls to later in rota, delay to starting on calls.If there is a period of time with no on calls then you will not be paid the OOH supplement but will receive the pay banding relative to the daytime hours worked | \* |
| **LTFT advice** including rotas, annual and study leave. | \* |
| **Outstanding jobs** |  |
| **Trainee Signature Date**  |  |
| **Educational Supervisor/RTW Lead Signature**  **Date**    |  |

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