Pre-Absence Form

If possible this Form should be completed by the trainee doctor and their Educational Supervisor/College Tutor/Faculty Tutor, before the trainee doctor is due to go on absence.

The return to work scheme is compulsory for absences of 3 months or more, but can be opted into for absences less than 3 months if the trainee or Educational Supervisor feel it is necessary.

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| Trainee Name:  |  | GMC Number:  |  |
| Position:  |  | Educational Supervisor  |  |

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| --- | --- | --- | --- |
| Current place of training:  |  | Anticipated date of absence: |  |
| If known, place of return to training:  |  | Estimated date of return:  |  |

|  |  |
| --- | --- |
| Reason for Absence:  |  |

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| Summary of discussion between trainee and Educational Supervisor: * Keeping up to date
* Use of Keeping In Touch days
* Ideally plan Return to Work Course
* Particular concerns and how they may be addressed
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| Are you happy for the Programme Director / College Tutor / Faculty Tutor / Educational Supervisor or Flexible Training Advisor (as appropriate), to contact you while you are absent?  | Yes | No  |
|  |  |
| If Yes then what are your preferred contact details:  |
| Address:  |  |
| Email Address:  |  | Phone Number:  |  |

ONCE COMPLETED PLEASE SEND A COPY OF THIS FORM TO THE PROGRAMME DIRECTOR A copy also needs to be retained in your portfolio