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: |  |

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| --- | --- |
| 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