

TRAINING APPLICATION FORM

You should complete this form if you wish to train on a Less Than Full Time (LTFT) basis in a KSS TRUST and you are/will be a Foundation/Specialty/Higher or GP Specialty Trainee upon commencement training.

SECTION 1 – TRAINEE DETAILS

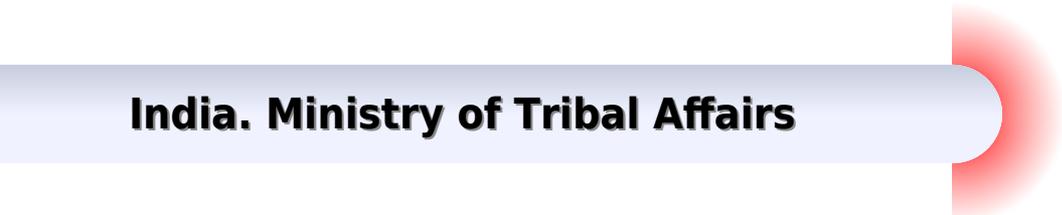
First name:		Surname:	
Address:			
Postcode:		Email:	
Telephone:		GMC No:	
If you are not currently employed, tick this box: <input type="checkbox"/>			
Please tick if you do not yet know the name of your employing Trust but have a preference to train in a particular region:		REGION	
		<input type="checkbox"/> Kent	<input type="checkbox"/> Surrey
		<input type="checkbox"/> Sussex	

Grade (at preferred LTFT Training start date):									
<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> C/ST1	<input type="checkbox"/> C/ST2	<input type="checkbox"/> C/ST3	<input type="checkbox"/> ST4	<input type="checkbox"/> ST5	<input type="checkbox"/> ST6	<input type="checkbox"/> ST7	<input type="checkbox"/> SpR
Employing Trust:									
Site:									
Training Programme:				Sub Speciality: <i>(where applicable)</i>					
Do you require a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No				Current CCT Date: <i>(where applicable)</i>		(DD/MM/YYYY)			

Proposed Training Plan	
I have discussed my application with my Educational Supervisor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have discussed my application with my Programme Director:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Programme Director: <small>- This should be completed even if you have not yet had to discuss your application. - If you have not yet been allocated a post, please leave blank.</small>	
Anticipated start date for Less Than Full Time Training:	(DD/MM/YYYY)
Reason This Date Was Chosen:	

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India. Ministry of Tribal Affairs



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surgeries includes many of the options listed above, such as pedicle screws, rods, plates, and cages.