

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: | |

Pc Training Application Form For 2016

Lei Huang



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