**Less Than Full Time Training - Eligibility Screening Form**

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| **IMPORTANT:**Please note you are only eligible to train Less Than Full Time if you have a confirmed substantive post with Health Education England. If you are in the process of applying for a post, you may only apply for LTFT training once it has been confirmed.All fields in the form are mandatory fields, failure to complete all fields in this form will cause a delay to the eligibility being confirmed.When completed please send the form to ***ltft.nw@hee.nhs.uk*** under subject heading ***Eligibility Request***, failure to do this may result in a delay in your eligibility being confirmed. |
| **Forename:** | Forename | **Surname:** | Surname |
| **Email Address:** | Email Address |
| **GMC Number:** | GMC Number | **Training Grade** | Training Grade |
| **Specialty** | Specialty | **Contact Telephone:** | Contact Telephone |
| **Home Address:**  | Home Address |
| **Do you have a substantive post with Health Education England (North West)?** | Yes/No |
| **What is the start date of your Health Education England (North West)?** | Date |
| **Please state your reasons for wanting to train in a LTFT basis** |
| Enter text |
| **Please indicate which eligibility criteria you satisfy:** |
| Category 1: Those Doctors in training with:* A disability or ill health
* Caring responsibility for children up to and including the age of 16
* Carer responsibilities for other dependents e.g. a spouse or a parent

Category 2: Those doctors in training with:* Unique opportunity for personal/professional development

Category 3: Those doctors in training who:* Choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.
 | .Eligibility Criteria |
| **Please note** that Category 3 is a pilot scheme only available to **Emergency Medicine, O&G and Paediatrics**, for more details see website or contact ***ltft.nw@hee.nhs.uk*** |
| **When do you hope to start as a LTFT trainee?**  | Date |
| **How did you find out about the LTFT training scheme?** |
| Enter text |
| **By completing this form, I confirm that the information given is correct and complete to the best of my knowledge. I understand that any false or misleading statements may be sufficient grounds for terminating any arrangements made.** |
| **Signature:** Signature | **Date:** Date |