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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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***](mailto: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***](mailto: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 | | | |