Health Education Kent
Surrey and Sussex
www.kss.hee.nhs.uk

LESS THAN FULL TIME 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: ☐			

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**		
	☐ Kent	☐ Surrey	☐ Sussex

Grade (at preferred LTFT Training start date):

☐ F1	☐ F2	☐ C/ST1	☐ C/ST2	☐ C/ST3	☐ ST4	☐ ST5	☐ ST6	☐ ST7	☐ SpR

Employing Trust:			
Site:			
Training Programme:		Sub Specialty: *(where applicable)*	
Do you require a visa? ☐ Yes ☐ No		Current CCT Date: *(where applicable*	(DD/MM/YYYY)

Proposed Training Plan

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

SECTION 2 – ELIGIBILITY CRITERIA

I fulfil the eligibility criteria at A1/A2/A3/A4 *(please tick the relevant box and attach supporting documentation as appropriate)*:

☐ A(1). **Category 1 - Disabled or in ill health (including those on in-vitro fertility programmes)**

Please enclose a covering letter indicating whether your disability/health requirement for LTFT training is likely to be permanent or specify a shorter duration. Please ensure this is accompanied by supporting documentation from your GP / Occupational Health Consultant / Medical Specialist detailing the nature of your disability/health requirement for LTFT Training

☐ A(2). **Category 1 - Caring for an ill/disabled child, partner, relative or other dependent**

Please enclose a covering letter indicating whether your carer requirement for LTFT training is likely to be permanent or specify a shorter duration. Please ensure this is accompanied by supporting documentation from the medical specialist involved in the care of the partner/relative/dependent. Details should include the level of care which the specialist anticipates you will need to provide to the partner/relative/dependent and what sort of time commitment will be required.

☐ A(3). **Category 1 - Personally providing care for a child**

Please provide the date of birth of your youngest child, as at your LTFT start date. **Youngest child's date of birth (DD/MM/YYYY):**

☐ A(4). **Category 2**

Unique opportunities for personal/professional development (e.g. training for national/international sporting events, or short term)

Extraordinary responsibility, (e.g. a national committee)

Religious commitment (e.g. training for a particular religious role which requires a specific amount of time commitment)

Non-medical professional development (e.g. management courses, law courses, fine arts courses or diploma in complementary therapies)

Please provide a covering letter giving the reasons why you would like to train LTFT under Category 2. Please ensure this is accompanied by supporting documentation which evidences the opportunity that you are applying for category 2 under.

SECTION 3 – DECLARATION

I confirm that:

- I attach a copy of my curriculum vitae.
- I have read the Deanery guidance, which includes the following 3 documents; 'KSS LTFTT Application Process', 'Doctors in training - equitable pay' and' Doctors in training - principles on LTFT Training'.
- I understand and agree that my eligibility for LTFT Training will be reviewed if my training grade or post changes.
- I accept that I may be asked to verify any of the information supplied above.
- I agree to my contact details being shared with potential slot-share partners:
- I will notify the LTFT Training Team, Foundation School and Specialty School (i.e. GP) as appropriate of changes to my circumstances that affect my eligibility for LTFT Training.
- I agree that information provided on this form may be entered onto a computerised system and may be passed to my employing Trust. I also agree that there may occasionally be a need to use my details for trainee mailings, but will only be used by those closely connected with my training.
- I have read this form in full and reviewed the Deanery website guidance.

Signed: …… Date: ……

Electronic signatures are acceptable.

Please return documentation to: specialtysupport@kss.hee.nhs.uk

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LESS THAN FULL TIME TRAINING EQUALITY & DIVERSITY MONITORING FORM

EQUALITY & DIVERSITY

We are committed to equality and diversity and as part of this policy all those seeking to join the Less than Full Time Training Scheme are asked to complete the details requested below.

All public sector employers, including health care organisations, are required to collect data about an applicant's age, disabilities, gender or gender identity, ethnicity, religion or belief and sexual orientation. The Information will be used solely for monitoring purposes to ensure that policies and procedures are effective.

1 - GENDER

Please indicate your gender by ticking the appropriate box:

Male ☐ Female ☐ I do not wish to disclose this ☐

Do you live and work in a gender other than assigned at birth?

☐ Yes ☐ No ☐ Prefer not to say

2 - DATE OF BIRTH

(DD/MM/YYYY)

3 - RACE RELATIONS (AMENDMENT) ACT 2000

I would describe my ethnic group as **(please tick one box only)**:

Asian		**Mixed**		**Other Ethnic Group**	
Bangladeshi	☐	White & Asian	☐	Chinese	☐
Indian	☐	White & Black African	☐	Any other ethnic group	☐
Pakistani	☐	White & Black Caribbean	☐	I do not wish to disclose this	☐
Any other Asian background	☐	Any other mixed background	☐		
Black		**White**			
African	☐	British	☐		
Caribbean	☐	Irish	☐		
Any other Black background	☐	Any other White background	☐		

4 - EMPLOYMENT EQUALITY REGULATIONS 2003

Please select the option which best describes your sexuality:

Gay/Lesbian	☐	Heterosexual	☐
Bisexual	☐	I do not wish to disclose this	☐

Please indicate your religion or belief

Atheism	☐	Jainism	☐	Hinduism	☐		
Buddhism	☐	Sikhism	☐	Other	☐		
Christianity	☐	Judaism	☐	I do not wish to disclose this	☐		
Islam	☐						

5 - DISABILITY DISCRIMINATION ACT 1995 & 2005

The Disability Discrimination Act protects disabled people. The Disability Discrimination Act defines disability as a physical or mental impairment with long-term, substantial effects on the ability to carry out normal day to day activities. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements at interview.

Do you consider yourself to have a disability?

Yes ☐ No ☐ I do not wish to disclose this ☐

Please state the type of impairment which applies to you. If you experience more than one type of impairment you may tick more than one box. If none of the categories apply please mark 'Other

Physical Impairment	☐	Mental Health Problem	☐
Learning Disability/Difficulty	☐	Long-standing illness	☐
Sensory Impairment	☐	Other	☐

6 - DATA PROTECTION ACT 1998 AND DECLARATION

Applicants are advised that all or any information given in connection with their application to join the Less Than Full Time Training Scheme may be retained in both manual files and computerised format for that purposes of administration of the Schemes, including the facilitation of job share arrangements and placements and associate funding, and the production of statistical data or equal opportunities monitoring information. The Deanery may use your educational or employment details to approach persons or organisation for the purposes of facilitating placements. If you do not start on either Scheme, any information given may be retained in both manual and computerised format for a minimum of six months and usually a maximum of two years.

I understand and agree to this sensitive and personal data being processed, entered in the Deanery's manual files and computer information systems and used for the Deanery's legitimate business. I declare that the facts given are, to the best of my knowledge, correct.

Signed: …… Date: ……

FULL NAME IN BLOCK CAPITALS:

Please return documentation to:	specialtysupport

Accessibility – Any queries please contact specialtysupport@kss.hee.nhs.uk