**Pre-Absence Form**

**CC. TPD (if not author), Trainee (to be uploaded to e-portfolio), HR, NES Training Programme Team via Training Programme Administrator**

# Details OF Doctor or DenTIST In training

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| --- | --- | --- | --- | --- | --- | --- |
| Trainee Name |  | | | GMC number | |  |
| Training Programme Director and email address |  | | | Post & Grade | |  |
| Training Programme Administrator and email address |  | | | Current Clinical/ Educational Supervisor name and email address | |  |
| Lead Employer Details |  | | | Current Placement Details | |  |
| If known, placement on return to training |  | | | Anticipated date of absence | |  |
| Estimated date of return | |  |
| **CC** | TPD (if not author)  Trainee, HR, NES Training Programme Team | | | | | |
| **Reason for absence:** |  | | | | | |
| **Consent to be contacted during absence** | **Y** | **N** | **If yes, contact details during absence** | |  | |
|  |  |
| **Training Contact during absence e.g. TPD or depute** |  | | | | | |

# Summary of Discussion

**Discussion suggestions:**

* Keeping up-to-date during absence and if this is possible
* Use of Keeping in Touch Days
* Trainee concerns about returning to work

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