

Pre-Absence Form

If possible this Form should be completed by the trainee doctor and their Educational Supervisor/College Tutor, before the trainee doctor is due to go on absence.

The return to work scheme is compulsory for absences of 6 months or more, but can be opted into for absences less than 6 months if trainee or Educational Supervisor feel it is necessary.

Trainee Name:		GMC Number:	
Position:		Educational Supervisor	

Current place of training:		Anticipated date of absence:	
If known, place of return to training:		Estimated date of return:	

Reason for Absence:	
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<p>Summary of discussion between trainee and Educational Supervisor:</p> <p>Discussion parameters:</p> <ul style="list-style-type: none"> • Keeping up to date • Use of Keeping In Touch days • Particular concerns

Are you happy for the Deanery to contact you while you are absent?	Yes	No
If Yes then what are your preferred contact details:		
Address:		
Email Address:		Phone Number:

**ONCE COMPLETED PLEASE SEND A COPY OF THIS FORM TO THE PROGRAMME DIRECTOR
A copy also needs to be retained in your portfolio**