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**Peninsula Foundation School**

**Time out of Foundation Programme (ToFP) Request Form**

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| **Trainee’s name:** |  |
| **E-mail address:** |  |
| **Contact address:** |  |
| **Contact telephone number:** |  |

|  |  |
| --- | --- |
| **Trust location and grade of current placement:** |  |
| **Programme number and/or rotation details:** |  |

|  |  |
| --- | --- |
| **Name of Educational Supervisor:** |  |
| **Name of Foundation Training Programme Director (FTPD):** |  |

Have you discussed your plans to take time out of programme with your Educational Supervisor?

 Yes No

Have you discussed your plans to take time out of programme with your Trust Foundation Programme Director?

 Yes No

Please give your reasons for wanting to take time out of your Foundation Programme:

Please describe what you hope to do during this time out:

|  |  |
| --- | --- |
| **Date you wish to start your out-of-programme experience**: | **Date you wish to return to your Foundation Training:** |

**I am requesting approval from the Foundation School to undertake time out of my Foundation Programme as described above. Please consider and tick relevant options below to signify your understanding of the process required**.

 I wish to return to Foundation training after my time out of programme.

If taking a year out between F1 and F2 I understand that I must inform the School of my intention to return to F2 as set out by the Foundation School and meet the required timescales in order to secure an F2 allocation. I understand that if I do not, I may not be allocated an F2 placement in the Foundation School.

|  |
| --- |
| Signed  **Foundation Trainee** |

|  |  |
| --- | --- |
| Print Name | Date |

|  |
| --- |
| Signed  **Foundation Training Programme Director** |

|  |  |
| --- | --- |
| Print Name | Date |

**After the above signature has been obtained, 1 copy of the form should be sent to the Foundation School Manager (see address below), 1 copy should be kept by the trust Foundation Programme Director and the foundation trainee should retain one copy.**

**Please return to:**

**Suzanne Maddock**

**e-mail:** **suzanne.maddock@HEE.nhs.uk**

**For Foundation School use:**

**Final signature confirming time out approved**

**Signed ……………………………………………………..**

**Head of Foundation School**

**Date: ………………………………..**

**Trust HR and Medical Education Manager informed: please ✓ when done**

**Date ARCP to be arranged for: ………………………………………………………**