**Time Out of Foundation Programme (TOFP)  
Application Form**

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| **APPLICANT DETAILS** | | | | | | | |
| **Surname:** |  | | | **GMC No:** | | |  |
| **First Name(s):** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Email Address:** |  | | | | | | |
| **Telephone No:** | Home: |  | | Mobile: | |  | |
| **F1 Programme (Trust and specialties):** | Trust: | |  | | | | |
| Specialty 1: | |  | | | | |
| Specialty 2: | |  | | | | |
| Specialty 3: | |  | | | | |
| **Date of commencement of F1 Programme:** | | | | |  | | |
| **Reason(s) for wishing to take time out of foundation programme:** | | | | | | | |
|  | | | | | | | |
| **Please describe what you hope to do during this time out:** | | | | | | | |
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| **Date you wish to start time out:** |  |
| **Date you intend to return to take up an F2 placement:** |  |

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| **DECLARATION** | | | |
| I hereby apply to take time out of my Foundation Programme as described above.  I wish to return to Foundation training after my time out.  I understand that I must inform the Severn Foundation School of my intention to return by the required timescales in order to secure an F2 allocation, and that if I do not, I will not be guaranteed an F2 placement. I also understand that I will not return to my original F2 programme allocation. | | | |
| **Signed (trainee):** |  | **Date:** |  |

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| **Approved by Educational Supervisor** | | | |
| **Name:** |  | | |
| **Signed (ES):** |  | **Date:** |  |

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| **Approved by Trust FPD** | | | |
| **Name:** |  | | |
| **Signed (FPD):** |  | **Date:** |  |

Please return this form by email to: [sevfoundation.sw@hee.nhs.uk](mailto:sevfoundation.sw@hee.nhs.uk)

Or post to: Severn Foundation School  
Health Education England  
Deanery House  
Vantage Office Park  
Old Gloucester Road  
Hambrook  
Bristol  
BS16 1GW

|  |  |  |  |
| --- | --- | --- | --- |
| ***For internal use*** | | | |
| Approved | Yes / No | | |
| If no, state reason |  | | |
| Approved by |  | | |
| Signature |  | Date |  |