**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:** |
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| **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

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

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