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| **Form 3 – Reviewing your Return To Training**  *Thiis meeting should take place 2 weeks after your return to Training* |

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| **Trainee Name** |  | **GMC Number** |  |

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| **Return Date** |  | **Date of Review Meeting** |  |

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| **Summary of discussion between trainee and Educational Supervisor:**   * **Summary of observed assessments and logbook** * **Overall progress** * **Outstanding concerns, please consider whether or not the trainee is happy to return to the full time rota (including on-calls / out of hours work)** |
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| **What additional learning needs have been identified:** |
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| **TRAINEE DECLARATION**  **I feel confident in all respects to recommence usual duties** | | Yes No | |
| **Trainee Name** |  | **Date** |  |

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| **TPD/ COLLEGE TUTOR DECLARATION**  **I agree with the trainee statement (If no please complete your reasons below)** | | Yes No | |
| **Trainee Name** |  | **Date** |  |

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| **If in your opinion a period of further enhanced supervision is required, please comment on the proposed length of this extension and the plans for the trainee during this period.**  **It is advisable that after this further period of extension Form 3 is completed again** |
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