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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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