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

|  |  |  |  |
| --- | --- | --- | --- |
| **Your details** | | | |
| **Name:** |  | **GMC Number:** |  |
| **Contact address:** |  | **E-mail address:**  **Telephone:** |  |
| **Foundation school:** |  | **ID of current F1 programme:** |  |
| **Please list all specialties within your F1 rotation (including current specialty):** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of request** | | | |
| Why are you requesting time out of your Foundation Programme? | | | |
|  | | | |
| Where do you anticipate spending the time out of your Foundation Programme? | | | |
|  | | | |
| What do you expect to achieve during the time out of your Foundation Programme? | | | |
|  | | | |
| Have you discussed your plans to take time out of your programme with your Educational Supervisor? | | | Yes / No |
| Requested leave date: |  | Return date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration by foundation doctor** | | | |
| I wish to return to F2 training after my time out of programme. I understand that in order to secure an F2 allocation, I must ensure that I apply through the usual process as set out by the foundation school and meet the required timescales. I understand that if I do not follow the school’s processes, I may not be allocated an F2 programme in the foundation school. I also understand that I will not return to my original F2 programme. | | | |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Confirmation of discussion with Foundation Training Programme Director/Tutor (FTPD/T)** | | | |
| I confirm that the above named foundation doctor has discussed with me their intention and reasons for requesting time out of their Foundation Programme. | | | |
| Name: |  | | |
| Signature: |  | Date: |  |
| *Additional comments from FTPD/T:* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Final Decision by Foundation School Director** | | | |
| I confirm that I **APPROVE / DO NOT APPROVE\*** time out of the Foundation Programme for the above named foundation doctor. (\*delete as appropriate) | | | |
| Name: |  | | |
| Signature: |  | Date: |  |
| *Notes from Foundation School Director: (To include reason, if approval not given)* | | | |

*After the foundation doctor and the FTPD/T have signed the form; the foundation doctor should make two additional copies:*

* *The original should be sent to the FSD*
* *One copy should be sent to the FTPD/T*
* *One copy should be retained by the foundation doctor.*