

TRAINING APPLICATION FORM

You should complete this form if you wish to train on a Less Than Full Time (LTFT) basis in a KSS TRUST and you are/will be a Foundation/Specialty/Higher or GP Specialty Trainee upon commencement training.

SECTION 1 – TRAINEE DETAILS

| | | | |
|--|--|---------------------------------|---------------------------------|
| First name: | | Surname: | |
| Address: | | | |
| Postcode: | | Email: | |
| Telephone: | | GMC No: | |
| If you are not currently employed, tick this box: <input type="checkbox"/> | | | |
| Please tick if you do not yet know the name of your employing Trust but have a preference to train in a particular region: | | REGION | |
| | | <input type="checkbox"/> Kent | <input type="checkbox"/> Surrey |
| | | <input type="checkbox"/> Sussex | |

| | | | | | | | | | |
|---|------------------------------|--------------------------------|--|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Grade (at preferred LTFT Training start date): | | | | | | | | | |
| <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> C/ST1 | <input type="checkbox"/> C/ST2 | <input type="checkbox"/> C/ST3 | <input type="checkbox"/> ST4 | <input type="checkbox"/> ST5 | <input type="checkbox"/> ST6 | <input type="checkbox"/> ST7 | <input type="checkbox"/> SpR |
| Employing Trust: | | | | | | | | | |
| Site: | | | | | | | | | |
| Training Programme: | | | | Sub Speciality: <i>(where applicable)</i> | | | | | |
| Do you require a visa? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Current CCT Date: <i>(where applicable)</i> | | (DD/MM/YYYY) | | | | |

| | |
|---|--|
| Proposed Training Plan | |
| I have discussed my application with my Educational Supervisor: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have discussed my application with my Programme Director: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Programme Director: <small>- This should be completed even if you have not yet had to discuss your application. - If you have not yet been allocated a post, please leave blank.</small> | |
| Anticipated start date for Less Than Full Time Training: | (DD/MM/YYYY) |
| Reason This Date Was Chosen: | |

Pc Training Application Form For 2016

Judd E. Hollander



Pc Training Application Form For 2016:

Pc Training Application Form For 2016 Book Review: Unveiling the Power of Words

In a global driven by information and connectivity, the energy of words has are more evident than ever. They have the ability to inspire, provoke, and ignite change. Such may be the essence of the book **Pc Training Application Form For 2016**, a literary masterpiece that delves deep in to the significance of words and their effect on our lives. Written by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book is key themes, examine its writing style, and analyze its overall effect on readers.

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