## KSS Foundation Interruption Form

**APPLICATION FOR AN INTERRUPTION OF FOUNDATION TRAINING**

To be completed for requested periods out of programme, including maternity leave

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| **Surname:** |  |
| **Other Names:** |  |
| **GMC Number:** |  |
| **E-mail:** |  |
| **Mobile Telephone No:** |  |
| **Interruption during F1 or F2:** |   |
| **Location of Current Programme:** |  |
| **Current Programme Code:****(if known)** |  |
| **Academic foundation doctor**  | YES/NO |  |
| **Military foundation doctor** | YES/NO |  |
| **Reason for interruption:***Please provide as much information as possible, continuing on a separate sheet if necessary.***IMPORTANT:****If advising of maternity leave, state anticipated return dates and if you are considering a request for less than Full Time (LTFT) training.** |  |
| **Date interruption is requested to commence from:** |  |  |
| **Trust contract end date:** |  | **Anticipated date of return:** |  |
| **Signature of foundation doctor:** |  | Date: |  |

***KSS Confirmation***

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| **Signature of S Director/AD (if application is for interruption other than maternity leave)**  |  | Date: |  |

***For Office use only:***

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| Notes:*(inc. follow-up arrangements) including:*Special circumstances adviceLTFT adviceAllocations advice |  |
| Date foundation doctor sent letter of confirmation: |  | Date Trust informed: |  |
| File updated: |  | Date Medical School informed (if F1): |  |
| STFS database updated: |  | F1/F2 Allocations re. return programme requirements/Brighton Office |  |
| Vacancy noted on master database: |  |

**Please return this form by email to** **england.kssfoundationenquiries.se@nhs.net**