**Course Approval Request**

**You must record on this form all courses/activities you are going to undertake to support your return to training where there are costs associated.**

**You must complete this form and your ES / TPD / College Tutor must sign to confirm they have approved this request, this will then need to be submitted to your employer, along with travel expenses for reimbursement after attendance.**

**Failure to submit this form to your employer could result in you not being reimbursed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **GMC Number** |  |
| **Specialty** |  | **Trust returning to** |  |
| **Return Date** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Course / Activity (inc. travel expenses)** | **Date Attended** | **Total Cost** |
|  |  |  |
|  |  |  |
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|  |  |  |

**Trainee declaration**

**I can confirm all of these courses are listed on my ‘Planning Your Return’ form**I confirm that the information provided is correct and I have not made any other claim for the expenses listed in this application. I understand if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. This may result in disciplinary action and referral to the GMC.

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

**ES, TPD or College Tutor declaration**

I confirm that these courses are appropriate for the trainee to attend in supporting their return to training.

I have discussed and agreed to this activity in the individualised SuppoRTT plan with the trainee and I confirm that I will facilitate the return to clinical practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **TPD/College Tutor** |  | **GMC Number** |  |