

**Application to confirm eligibility to train Less Than Full Time  
(LTFT)  
DENTAL TRAINEES**

|                                                  |  |
|--------------------------------------------------|--|
| <b>Trainee Full Name</b>                         |  |
| <b>Trainee Title</b>                             |  |
| <b>Training Programme / Specialty</b>            |  |
| <b>National Training Number</b>                  |  |
| <b>GDC Number</b><br>GMC if applicable           |  |
| <b>Immigration Status</b>                        |  |
| <b>Address</b>                                   |  |
| <b>E-mail Address</b>                            |  |
| <b>Mobile Number</b>                             |  |
|                                                  |  |
| <b>Grade / Year of Training</b>                  |  |
| <b>Entry to Grade</b><br>Date                    |  |
| <b>Training Programme Start Date</b>             |  |
| <b>CCST / End of Training</b><br>Date            |  |
| <b>Date of End of Training Post</b>              |  |
| <b>Employer / Placement Provider</b>             |  |
| <b>Training Programme Director</b>               |  |
|                                                  |  |
| <b>Part-Time Training Commencement</b><br>Date   |  |
| <b>Proposed working percentage (%)</b>           |  |
| <b>Return to work date if on maternity leave</b> |  |

**I hereby formally apply for Less Than Full Training and confirm all the information on this form is correct.**

|                                                                                                                                                |  |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|
| <b>Signature</b>                                                                                                                               |  | <b>Date</b> |  |
| <b>I support this application for Less Than Full Time Training - Training Programme Director<br/>(required for non-statutory reasons only)</b> |  |             |  |
| <b>TPD Name</b>                                                                                                                                |  |             |  |
| <b>Signature</b>                                                                                                                               |  | <b>Date</b> |  |
| Return the form along with a copy of your most up-to-date CV and appropriate supporting documents to your Deanery / HEE Local Office.          |  |             |  |
| <b>For Office Use</b>                                                                                                                          |  |             |  |
| <b>Application Supported Yes/No</b>                                                                                                            |  |             |  |
| <b>Postgraduate Dental Dean</b>                                                                                                                |  |             |  |
| <b>Signature</b>                                                                                                                               |  |             |  |
| <b>Date</b>                                                                                                                                    |  |             |  |