#### NHS Education for Scotland

#### Flexible Working Application Form (excluding Employment Breaks and LTFT Application) for General Practice (hospital posts), Occupational Medicine and Public Health Trainees

If you wish to discuss the application process, please contact your Associate Postgraduate Dean for Flexible Training.

**Part A: For Employee to Complete**

|  |  |
| --- | --- |
| Personal Details:Name……………………………………Placement Location………………………………... | Job Title………………………………….Department………………………………TPD…………………………… |
| * Describe the normal working hours and pattern for the post this application refers to including days/nights/hours/times worked:
 |
|  |
| * Describe the working pattern and hours you are requesting i.e. days/nights/hours/times worked:
 |
|  |
| Proposed start date: |  |
| **Impact of proposed alternative working pattern** |
| * Describe how you will receive all the necessary experience including exposure to the various required curriculum areas and competencies for your training including management of emergencies?
 |
|  |
| * Describe how you will be appropriately supervised at all times?
 |
|  |
| * How will you ensure that you are able to function at the required level throughout the course of an extended day without affecting you or your patients?
 |
|  |
| * Describe how this change will positively or adversely affect the service provided to your patients?
 |
|  |
| * If this change is likely to have an adverse effect on your training, your colleagues or in the service provided to patients how would you propose to mitigate this?
 |
|  |
| Have you discussed your proposed working plan with the placement board?  | Yes/No  |
| Have you discussed your proposed working plan with your TPD?  | Yes/No |

I hereby apply to work a flexible working pattern that is different from my current/intended working pattern and confirm that I meet the following eligibility criteria:

* I have been continuously employed in the NHS for at least 26 weeks at the date of the application; and
* I am not an agency worker; and
* I have not made another application to work flexibly during the past 12 months
* **Or** I have made other applications to work flexibly during the past 12 months, but circumstances have changed which I have detailed above
* I understand that should this request be approved, if I wish to revert to my original arrangements, I will have to complete a new application form.

Applicant’s signature……………………………………..

Print name ……………………………………………… Date ……………..

Please submit application form to your regional Training Administrator for forwarding to your TPD.

**If a trainee wishes to revert to their original arrangements a new application will be required.**

**For TPD to Complete**

|  |
| --- |
| I have considered this request for flexible working with regard to meeting the required curriculum and competency requirements for this post and this **will/will not** (delete as required) have a detrimental impact on performance in training. TPD to inform trainee in writing of decision and reasons. |
| If the request will be detrimental for the individual, please give reasons below: |
|  |

TPD signature ……………………………………………

Print name ……………………………………………… Date ……………..

*Applicants to note that if request is not supported, there is a right of appeal at this stage under the NES Flexible Working Practices Policy.*

**Part B: For completion by service**

**The decision on whether this request can be accommodated rests with the placement Board.**

Outcome:

|  |  |
| --- | --- |
| On review of the application Service is able to accommodate this request | Yes/No |
| If no, on what grounds has the application been declined? |
| The burden of additional costs |  |
| The inability to reorganise work amongst existing staff |  |
| An inability to recruit additional staff |  |
| A detrimental impact on quality |  |
| A detrimental impact on performance |  |
| A detrimental impact on the ability to meet patient demand |  |
| A planned structural change to business |  |

|  |  |
| --- | --- |
| Proposal agreed | Yes/No |
| Modified proposal agreed  | Yes/No |
| Proposal rejected | Yes/No |
| Formal letter sent to traineeand copied to NES HR gptraining.hr@nes.scot.nhs.uk | Yes/No |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicants to note that if request is not supported, there is a right of appeal at this stage under the NES Flexible Working Practices Policy.*