**Appendix 4**

Exception reporting for amendments to the period of Enhanced Supervision

Please complete the form below and email it to the SuppoRTT hub ([SuppoRTT\_SW@hee.nhs.uk](mailto:SuppoRTT_SW@hee.nhs.uk)), the SuppoRTT Champion and the trainee’s Training Programme Director to request adjustment to the period of Enhanced Supervision. Approval must be granted by the SuppoRTT Champion before it can proceed.

|  |  |  |
| --- | --- | --- |
| Trainees Name | Click or tap here to enter text. | |
| Supervisors Name | Click or tap here to enter text. | |
| Grade | Click or tap here to enter text. | |
| Specialty | Click or tap here to enter text. | |
| Trust/GP School | Click or tap here to enter text. | |
| Hospital/Site | Click or tap here to enter text. | |
| Reason for Absence | Click or tap here to enter text. | |
| Duration of Absence (in months) | Click or tap here to enter text. | |
| Adjustment to period of enhanced supervision | None / Reduced / Extended (please delete as appropriate)  Click or tap here to enter text. | |
| Please explain in the box below the reasons for adjustment to the period of Enhanced Supervision. If the expectation is that the trainee **will not require any** period of enhanced supervision, please give explicit details about how the trainee has stayed up to date with clinical practice during their period of absence. | | |
| Click or tap here to enter text. | | |
| Proposed duration of period of enhanced supervision (in weeks) | | Click or tap here to enter text. |