## Advanced Practice (AP) programme: Return to AP programme from interrupt

**To:** Faculty for Advanced Practice working across NEY **Cc:** HEI and ICB lead

To be completed **by the AP lead along with the trainee** as soon as possible on return from interrupt.

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| **Name of Trainee** |  | | | | |
| **Name of University** | | | **Cohort start date** | | **New programme end date** |
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| **Interrupt Start Date** | | **Interrupt Return Date** | | **Reason for interrupt** | |
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| **Details of modules already completed, with dates (to be completed by trainee AP and current employer)** | |
| **Modules Completed** | **Date of completion** |
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| **Details of modules outstanding, with dates (to be completed by trainee AP and current employer)** | |
| **Modules still outstanding** | **Estimated date of completion (if known)** |
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| **The AP lead should check the below details and update any which have since been updated** | | |
| **Detail** | **Have these details changed (delete as appropriate)?** | **Please type here the updated details if they need changing** |
| Trainees’ personal circumstances (e.g., name change, title change etc.) | Yes/No |  |
| Trainee’s role/specialty area: | Yes/No |  |
| Trainee’s email address | Yes/No |  |
| Educational supervisors name | Yes/No |  |
| Educational supervisor’s role | Yes/No |  |
| Educational supervisor’s email address | Yes/No |  |
| **If any other details have been updated/change for this trainee or your organisation, please list these below.** This can include the finance officer email address, practice manager email address or supplier details. | | |
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| **Please confirm you have discussed with the trainee any additional support they require on return from interrupt. If you would like any advice from NHSE please give details below.** | | |
|  | | |
| **Please confirm that the trainee is returning to the same post, same employer and same hours. If any of this has changed please note below. Apprentices must do a minimum 30 hours per week.** | | |
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| **If you have any queries regarding the AP programme or would like a supportive conversation from the faculty, please contact:** [**england.neyadvancedpractice@nhs.net**](mailto:england.neyadvancedpractice@nhs.net) | | |

**CONFIRMATION OF UNDERSTANDING**

1. **AP Trainee**

I confirm that:

* I have discussed my intentions with both my employer and the programme tutor at the university.
* I will rejoin my studies on the date stated above and have informed my employer, NHSE and the university at the earliest opportunity of these plans.
* I understand my employer receives NHSE financial support towards my training and I commit to completing the training.

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| **Signed** |  | **Date** |  |

1. **AP employer**

We confirm and understand that:

* Training grant payments will be paused from the date of interruption and will not recommence until the HEI has confirmed the trainee is back on programme.
* We have no concerns regarding the AP trainee’s fitness to practise, skills or competence and support them rejoining the programme on the date above.
* I have read and understood the information provided in the original employer agreement and I understand NHSE support will recommence under these conditions.
* Training grant payments will commence from the return of interrupt date above or the date that this form is received, whichever is the later.

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| **Signature** |  | **Date** |  |
| **Name** |  | | |
| **Position** |  | | |