**Period of Grace Request Form**

This form should be completed by all Doctors in Training programmes 6 months prior to the expected CCT date and returned to your Specialty Programme Manager, with a copy to your Training Programme Director.

* [england.accs.tv@nhs.net](mailto:england.accs.tv@nhs.net)
* [england.anaesthetics.tv@nhs.net](mailto:england.anaesthetics.tv@nhs.net)
* [england.paediatrics.tv@nhs.net](mailto:england.paediatrics.tv@nhs.net)
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| **Personal Details** | |
| First name: |  |
| Surname: |  |
| GMC number: |  |
| Mobile number: |  |
| Email address: |  |
| **Training Details** | |
| NTN: |  |
| Training Specialty: |  |
| Expected CCT date: |  |
| Scheduled ARCP date: |  |
| Final placement Trust: |  |
| **Intention to take up a Period of Grace**  *Please indicate below whether or not you intend to take up the offer of a Period of Grace commencing from your expected CCT.* | |
| ☐   I confirm that I intend to take up the offer of a Period of Grace to commence from the expected CCT date stated above subject to satisfactory ARCP outcome. I understand that I will be required to work the full three-month notice period with the arranged employing Trust commencing on the expected CCT date should I subsequently wish to resign from the post  OR:    ☐   I confirm that I do not wish to take up the offer of a Period of Grace following the award of CCT. I understand that I will therefore relinquish my NTN on the date of CCT and will not be able to return to a training post in this specialty    I declare that the information given on this form is correct.      **Trainee Signature: Date:** | |
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