**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
* england.anaesthetics.tv@nhs.net
* england.paediatrics.tv@nhs.net
* england.emergencymed.tv@nhs.net
* england.histopathology.tv@nhs.net
* england.schoolofsurgery.tv@nhs.net
* england.schoolofpsychiatry.tv@nhs.net
* england.ophthalmology.tv@nhs.net
* england.schoolofoandg.tv@nhs.net
* england.schoolofmedicine.tv@nhs.net

|  |
| --- |
| **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 I plan to stay for ……….. months – my leaving date will be …………………. (PLEASE COMPLETE)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:**       |
|  |
|  |

V4 RSB 10.5.25