**Period of Grace Request Form**

This form is to be completed by all Doctors in training programmes 6 months prior to the expected CCT/CESR(CP) and returned to your Specialty Programme Manager or Officer at HEE Wessex.

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| **Personal Details** | |
| First name: |  |
| Surname: |  |
| Mobile number: |  |
| Email address: |  |
| **Training Details** | |
| NTN: |  |
| Training Specialty: |  |
| Expected CCT/CESR(CP) 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/CESR(CP).* | |
| **☐   I confirm that I intend to take up the offer of a Period of Grace to commence from the expected CCT/CESR(CP) 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/CESR(CP) date should I subsequently wish to resign from the post***(please attach an additional sheet should you wish to submit any supporting information to be considered by the TPD’s in the allocation of your post)*    **☐   I confirm that I do not wish to take up the offer of a Period of Grace following the award of CCT/CESR/(CP). I understand that I will therefore relinquish my NTN on the date of CCT/CESR/(CP) 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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