**Deferral Request Form (August 2022) – Midlands Region**

The [Gold Guide](https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition) states that: "...the start of training may only be deferred on statutory grounds (eg parental leave (maternity /paternity), or ill health, rehabilitation)." *Please also see the HEE COVID deferrals policy.*

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| **Personal Information *(Completed by Trainee)*** | | | |
| Surname: |  | Forename: |  |
| GMC/GDC No. |  | Contact number: |  |
| Email Address: |  | | |
| Do you require a Skilled Worker visa from HEE to commence your training programme?  *If ‘Yes’ please also notify* [*sponsorship@hee.nhs.uk*](mailto:sponsorship@hee.nhs.uk) *of your request to defer* | | | Yes / No |

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| **Appointment Information *(Completed by Trainee)*** | |
| Specialty appointed to: |  |
| Grade appointed to start at: |  |
| Date offer received: |  |
| Start date stated in offer: |  |

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| **Deferral Request *(Completed by Trainee)*** | |
| Requested deferred/new start date: |  |
| Reason for deferral:  *(Please highlight one reason)*  **For the COVID19 deferral requests you may need to supply supporting evidence. Please see attached document for details.** | Statutory parental (maternity/paternity) leave: *Please include start and end dates and provide copy of MatB1 form*  Statutory sick leave: *Please indicate current return to work date and provide letter from GP or OH*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COVID19: Immigration restrictions  COVID19: Training competences  COVID19: General Medical Council registration  COVID19: Travel restrictions  COVID19: Relocation delays  COVID19: Covid-19 related career break  Other (please specify): |
| Please provide further information about your reasons for requesting a deferred start date: | |

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| **Trainee Declaration *(Completed by Trainee)*** | | | |
| I am requesting Dean approval to defer the start of my training programme as detailed above. I understand that:   * If my request is not approved (rejected), I must commence my training programme on the start date stated in my offer letter **or** resign/withdraw from the training programme. *(GPs may defer their score)* * If I resign from the training programme, I may be required to work a period of notice by the employing organisation for my first placement. To re-enter training, I will need to re-apply in open competition. * Extensions to the approved deferral period will require submission of an additional Deferral Request Form and approval. * The placement/rotation originally allocated to me may not be available to me when I start my training programme. I may be allocated to any placement within my appointed programme at the discretion of the Training Programme. * Where applicable, I will not be issued with my National Training Number (NTN) until I reach the agreed deferred start date and commence my training programme. * I must inform the Programme Support Team if my contact details change at any point during the deferral period. * GP Trainees only: Where Step-on Step-off training applies I accept I am required to confirm a date for the start of the deferred Programme at least six months before the planned start date; or a minimum of three months’ notice where the duration of the period out of programme is less than six months. | | | |
| Trainee Signature: |  | Dated: |  |

Please return this form to:

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| Foundation | [foundationprogrammes.em@hee.nhs.uk](mailto:foundationprogrammes.em@hee.nhs.uk) |
| GP | [gpprogrammes.em@hee.nhs.uk](mailto:gpprogrammes.em@hee.nhs.uk) |
| Secondary Care | [specialtyprogrammes.em@hee.nhs.uk](mailto:specialtyprogrammes.em@hee.nhs.uk) |
| Public Health | [publichealth.midlands@hee.nhs.uk](mailto:publichealth.midlands@hee.nhs.uk) |
| Academic | academicprogrammes.em@hee.nhs.uk |

**Programmes Team – *Office Use Only:***

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| **Decision (Completed by Associate Postgraduate Dean/Foundation School Director)** | | | |
| **REQUEST APPROVE / NOT APPROVED\*** \*Circle as appropriate | | | |
| Name / Signature: |  | Dated: |  |
| Approved Start Date: *(if differs from request)* |  | | |
| Any other Comments: |  | | |

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| **Process/Check** | **Tick** |
| Excel spreadsheet/tracker updated |  |
| Evidence Required/Received and tracker updated |  |
| *If applicable*: Sponsorship team notified |  |
| Recruitment team Updated and re-offer made if required |  |
| E-mail sent to trainee confirming new start date |  |
| Training Programme Director (Or Associate/Manager) notified |  |