**Deferral Request Form**

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| **Personal Information (Completed by Trainee)** | | | |
| Surname: |  | Forename: |  |
| GMC/GDC No. |  | Contact number: |  |
| Email Address: |  | | |
| Do you have a Tier 2 Certificate of Sponsorship (CoS) or are you in the process of obtaining a Tier 2 CoS? | | | Yes / No |

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

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| **Deferral Request (Completed by Trainee)** | |
| Requested deferred 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 maternity leave  Statutory sick leave  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 approval to defer the start of my Training Programme as detailed above. I understand that:   * If my request is not approved, I must commence my Training Programme on the start date stated in my offer letter or resign from the Training Programme. * 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. | | | |
| Name / Signature: |  | Date: |  |

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| **Decision (Completed by Associate Postgraduate Dean/Head of School for non-statutory deferrals)** | | | |
| **REQUEST APPROVE / NOT APPROVED\*** \*Circle as appropriate | | | |
| Name / Signature: |  | Date: |  |
| Approved Start Date: *(if differs from request)* |  | | |
| Comments: |  | | |