

## Request - Period of Grace (POG) Intent form

Personal Details	
First name:	
Surname:	
Mobile number:	
Email address:	
Training Details	
NTN:	
Training Specialty:	
Expected CCT/ or CCT via	
CESR(CP) Date:	
Scheduled Next ARCP Date:	
Final Placement Trust & Site:	
Intention to take up a Period of Grad	e e
Please indicate below whether or not commencing from your expected CC	you intend to take up the offer of a Period of Grace T/ or CCT via CESR(CP).
expected CCT/ or CCT via CESR(CP) outcome. I understand that I will be rearranged employing trust commencing should I subsequently wish to resign	ne offer of a Period of Grace to commence from the date stated above subject to satisfactory ARCP equired to work the required notice period with the ng on the expected CCT/ or CCT via CESR(CP) date from the post (please attach an additional sheet rting information to be considered by the TPDs in
□ I confirm that I do not wish to take up the offer of a Period of Grace following the award of an outcome 6 at my next ARCP and the award of CCT/ or CCT via	

CESR(CP). I understand that I will therefore relinquish my NTN on the date of CCT/ or CCT via CESR(CP) and will not be able to return to a training post in this specialty	
n this form is correct.	
Date:	
k	

Please return this form to your Training Programme Director, no later than 6 months prior to CCT date.