**Application to change from dual to single accreditation**

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| **SECTION 1: TRAINEE INFORMATION:** | | | | | | | | |
| **Full Name** | |  | | **GMC number** | | | |  |
| **Email address** | |  | | **NTN** | | | |  |
| **Specialty** | |  | | **ST Level** | | | |  |
| **Current Trust** | |  | | **CCT date** | | | |  |
| **TRAINEE SIGNATURE:** Please sign and date this form and submit to your Training Programme Directors | | | | | | | | |
| **I wish to apply to change my training programme leading to dual accreditation and pursue a single CCT in** ……………………………………..**only.** | | | | | | | | |
| **Please detail reasons why:** | | | | | | | | |
| **Signature** |  | | **Date** | | | **/   /** | | |
| *When you have signed this form, please submit to your Training Programme Directors* | | | | | | | | |
| **SECTION 2: To be completed by Specialty Training Programme Director** | | | | | | | | |
| I support the request to change to single accreditation  I do not support the request to change to single accreditation | | | Please tick  Please tick | | **Change can take effect from:**  **/   /** | | | |
| **Name** |  | | | | | | | |
| **Specialty** |  | | | | | | | |
| **Signature** |  | | **Date** | | |  | | |
| **SECTION 3: To be completed by GIM or dual specialty Training Programme Director:** | | | | | | | | |
| I support the request to change to single accreditation  I do not support the request to change to single accreditation | | | Please tick  Please tick | | **Change can take effect from:**  **/   /** | | | |
| **Name** |  | | | | | | | |
| **Specialty** |  | | | | | | | |
| **Signature** |  | | **Date** | | |  | | |
| *Please submit the signed form to the Programme Support Team at* [*medicine.yh@hee.nhs.uk*](mailto:medicine.yh@hee.nhs.uk) | | | | | | | | |
| **SECTION 4: To be completed by Postgraduate Dean (or nominated deputy):** *Select* ***ONE*** *of the following options* | | | | | | | | |
| **Yes**, I confirm I approve this request with effect from | | | | | | | Start date:    /    / | |
| **No**, I am not willing to approve and support this request for the reason given below: | | | | | | | Please tick | |
| I am currently unable to approve this time but would support this subject to the  following stipulations: | | | | | | | Please tick | |
| **Signature** |  | | **Date** | | | |  | |
| **Name and title** |  | | | | | | | |
| ***Please pass completed form to the Medicine Programme Support Team to process (***[***medicine.yh@hee.nhs.uk***](mailto:medicine.yh@hee.nhs.uk)***)*** | | | | | | | | |