**Deferral Request Form**

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| **PART A – 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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| **PART B – 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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| **PART C – Deferral Request (Completed by Trainee)** | |
| Requested deferred start date: |  |
| Reason for deferral:  *(please highlight one reason)* | Statutory maternity leave  Statutory sick leave  General Practice Step-on Step-off Training  Other |
| Please provide further information about your reasons for requesting a deferred start date: | |

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| **PART D – Trainee Declaration (Completed by Trainee)** | | | |
| I am requesting approval from the Deputy Postgraduate Dean 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 by the Deputy Postgraduate Dean. * The placement/rotation originally allocated to me may not be available to them when I start my training programme. I may be allocated to any placement within HEE YH at the discretion of the Training Programme Director or Head of School. * 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. | | | |
| Signed: |  | Date: |  |

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| **PART E – Decision (Completed by Deputy Postgraduate Dean)** | | | |
| **REQUEST APPROVE / NOT APPROVED\*** \*Circle as appropriate | | | |
| Signature: |  | Date: |  |
| Comments: |  | | |

**OFFICE USE ONLY**

**COPY TO:**  Trainee

Training File

Training Programme Director

Head of School

Recruitment Team

Tier 2 Team (where applicable)