**Deferral Request Form**

Sections A – D should be completed by the Postgraduate Doctor/Dentist in training.

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| **PART A – Personal Information** | | | |
| Surname: |  | Forename: |  |
| GMC/GDC No. |  | Contact number: |  |
| Email Address: |  | | |
| Do you require a Certificate of Sponsorship (CoS) from NHS England or are you in the process of obtaining a CoS from NHS England for a skilled worker visa? | | | Yes / No |

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| **PART B – Appointment Information** | |
| Training Programme appointed to: |  |
| Grade appointed to: |  |
| Date offer letter received: |  |
| Start date stated in offer letter: |  |

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| **PART C – Deferral Request** | |
| Requested deferred start date: |  |
| Reason for deferral: | * Statutory parental leave, including adoption leave * Ill health/Statutory sick leave * Other |
| Please provide further details of the reason for your deferral below.  If you have selected the “Other” category, please detail whether this change has occurred since you have accepted the offer of the training programme. | |

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| **PART D – Trainee Declaration** | | | |
| 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 Postgraduate Dean (or nominated deputy). * 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 NHSE 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. | | | |
| Signed: |  | Date: |  |

Please submit your application form to the relevant email address below:

* For Foundation Training - [england.foundation.yh@nhs.net](mailto:england.foundation.yh@nhs.net)
* For Dental Training – [england.dentalsupport.yh@nhs.net](mailto:england.dentalsupport.yh@nhs.net)
* For General Practice Training - [england.gpplacements.yh@nhs.net](mailto:england.gpplacements.yh@nhs.net)
* For all other Core and Specialty Training Programmes - [england.stp-programmemanagement.yh@nhs.net](mailto:england.stp-programmemanagement.yh@nhs.net)

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| **Decision  To be completed by Postgraduate Dean or Nominated Deputy** | | | |
| **APPROVED / NOT APPROVED** Please delete as appropriate | | | |
| Signature: |  | Date: |  |
| Comments:  *Must be provided when an application is not approved* |  | | |