

Deferral Request Form

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

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

PART C – Deferral Request (Completed by Trainee)	
Requested deferred start date:	
Reason for deferral: <i>(please highlight one reason)</i>	Statutory maternity leave Statutory sick leave General Practice Step-on Step-off Training COVID-19 Other
Please provide further information about your reasons for requesting a deferred start date:	

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
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Signature:		Date:	
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Comments:	
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OFFICE USE ONLY

- COPY TO:**
- Trainee
 - Training File
 - Training Programme Director
 - Head of School
 - Recruitment Team
 - Tier 2 Team (where applicable)