|  |  |
| --- | --- |
| Personal Details | |
| First Name: |  |
| Surname: |  |
| GMC number: |  |
| Phone number: |  |
| e-mail address: |  |
| Training Details | |
| NTN: |  |
| Specialty: |  |
| Expected CCT/CESR(CP) date: |  |
| Scheduled ARCP date: |  |
| Final Trust Placement: |  |
| Intention to take up Period of Grace  *(Please indicate below whether or not you intend to take up the offer of a*  *Period of Grace commencing from your expected CCT/CESR(CP) date* | |
| ☐ I confirm that I intend to take up the offer of a Period of Grace to commence from the expected CCT/CESR(CP) date stated above subject to satisfactory ARCP outcome. I understand that I will be required to work the full three month notice period with the arranged employing Trust commencing on the expected CCT/CESR(CP) date should I subsequently wish to resign from the post *(please attach an additional sheet should you wish to submit any supporting information to be considered by the TPD’s in the allocation of your post)*  ☐ I confirm that I do not wish to take up the offer of a Period of Grace following the award of CCT/CESR/(CP). I understand that I will therefore relinquish my NTN on the date of CCT/CESR/(CP) and will not be able to return to a training post in this specialty    I declare that the information given on this form is correct | |
| TPD Signature |  |
| Date |  |
| Trainee Signature |  |
| Date |  |
| Please return this completed form to [Psychiatry.YH@hee.nhs.uk](mailto:Psychiatry.YH@hee.nhs.uk) | |

Psychiatry Period of Grace Intent Form

