**Trainee’s Statement for ARCP Review/Appeal**

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| **Please complete this form electronically.** | | | | |
| **Name** | Click or tap here to enter text. | | **GMC/GDC Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. | | **Mobile Number** | Click or tap here to enter text. |
| **Training Programme** | Click or tap here to enter text. | | | |
| **Current Stage of training**  *(adjusted for any sick, maternity and other leave or Out of Programme (non-training) periods of time, extensions etc) e.g. CT1;ST6* | | | | Click or tap here to enter text. |
| **How far through that training year are you?**  *(to the nearest month, whole time equivalent)* | | | | Click or tap here to enter text. |
| **ARCP Panel Date** | Click or tap to enter a date. | | **ARCP Outcome received** | Click or tap here to enter text. |
| **What are your grounds for review/appeal?**  *Please summarise this concisely. Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel’s decisions) and this must be received as part of the request for the review so that the panel is able to consider it in detail.* | | | | |
| Click or tap here to enter text. | | | | |
| **What are you hoping as an outcome to the review/appeal?**  *Please summarise this concisely. Clarity at this stage may help identify action that can be taken to prevent the need for a full appeal process.* | | | | |
| Click or tap here to enter text. | | | | |
| **Do you have any planned leave or dates you cannot attend an appeal hearing on in the upcoming weeks?**  *This is to ensure a review/appeal date is arranged as swiftly as possible. Please take into consideration the availability of your chosen representative if applicable. HEE will always try to accommodate your representative’s availability, but this may not always be possible.*  E.g. I have child care commitments every Monday, I have leave between XX/XX/XXXX – XX/XX/XXXX. | | Click or tap here to enter text. | | |
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| **Please return this completed form to the individuals identified on your ARCP outcome letter by the deadline specified (within ten working days from your ARCP outcome notification).** | | | | |