Health Education England working across Yorkshire and the Humber



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 Spo obtaining a Tier 2 CoS?		nsorship (CoS) or a	re you in the process of	Yes / No
PART B – Appointment Information (Completed by the Trainee)				
Specialty appointed to:				
Grade appointed to:				
Date offer letter received:				
Start date stated in offer letter:				
PART C - Deferral Request (Completed by the Trainee)				
Requested deferred start date:				
Reason for deferral: (Please tick one box)		Statutory maternity	leave	
		Statutory sick leave		
		General Practice Step-on Step-off Training		
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: **PART E – Decision** (Completed by Deputy Postgraduate Dean) **REQUEST APPROVED / NOT APPROVED*** *Delete as applicable Signature: Date: Comments: OFFICE USE ONLY COPY TO: Trainee Training File **Training Programme Director** Head of School

Recruitment Team

Tier 2 Certificate of Sponsorship Team (where applicable)

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