# Extension Request Form

This form is for fellows on the **HEE YH Future Leaders Programme**. To request an extension to your fellowship please fully complete this form and return it to futureleaders.yh@hee.nhs.uk along with the supporting documents outlined below. Guidance on extensions is available on the [FLP website](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme/information-fellows/alumni). Extension requests must be submitted with 6 months notice. **Please note:** Extensions alongside return to training are no longer permitted.

### Personal Details

|  |  |
| --- | --- |
| Name |  |
| Profession |  |
| Registration number and body |  | *If applicable* |
| Parent specialty |  | *Medical/Dental/Public Health Registrars only\** |
| CCT date |  | *Medical/Dental/Public Health Registrars only* |
| Substantive employer |  | *Not applicable to Medical/ Dental/Public Health Registrars* |

\*Medical/Dental/Public Health Registrars refers to postgraduate doctors, dentists or Public Health registrars on OOP from a specialty trainee programme.

### Fellowship Details

|  |  |
| --- | --- |
| Post title |  |
| Brief project description |  |
| Post funding |  |
| Current employer |  |

### Extension Details

|  |
| --- |
| Original fellowship start / end dates |
| Start date: | End date: |
| Proposed new end date |  |

|  |
| --- |
| Current working pattern (please provide details) |
| Full time |[ ]   |
| Less than full-time |[ ]   |

### Declaration

The information in this form is correct and complete. I have attached the following supporting documents:

[ ]  Letter to the Deputy Dean outlining my reason(s) for requesting an extension and details of the work to be undertaken during the extension

[ ]  Letter in support of the extension from Educational Supervisor

[ ]  Letter in support of the extension from Head of School of parent specialty *(Medical/Dental/Public Health Registrars only)*

[ ]  Letter from substantive employer confirming agreement to extend the secondment if approved *(Not applicable to Medical/Dental/Public Health Registrars)*

[ ]  Letter from a budget holder within the host organisation confirming funding is available for the duration of the extension *(50% trust funded posts only)*

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

### Postgraduate Dean’s Approval

|  |
| --- |
| **\* Approved / Not Approved** \*delete as appropriate |
| Comments (if applicable) |
|  |
| Signature |  |
| Name |  | Date |  |