# 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](mailto: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 |  |