|  |
| --- |
| 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  |

Psychiatry Period of Grace Intent Form

