**Period of Grace Intent Form**

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| **Personal Details** |
| First Name: |  |
| Surname: |  |
| GMC/GDC number: |  |
| Phone number: |  |
| e-mail address: |  |
| **Training Details** |
| NTN: |  |
| Specialty: |  |
| Expected CCT 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 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 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 I understand that I will therefore relinquish my NTN on the date of CCT 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.** |
| Signed |  |
| Date |  |
| **Please return this form to your relevant programme support contact:**A**naesthetics.yh@hee.nhs.uk****Dentalsupport.yh@hee.nhs.uk****emsupport.yh@hee.nhs.uk****Medicine.yh@hee.nhs.uk****OandG.yh@hee.nhs.uk****Ophthalmology.yh@hee.nhs.uk****PaediatricSupport.yh@hee.nhs.uk****Pathology.yh@hee.nhs.uk****Psychiatry.yh@hee.nhs.uk****Publichealth.yh@hee.nhs.uk****Radiology.yh@hee.nhs.uk****Surgery.yh@hee.nhs.uk** |