

Appendix A: Period of Grace Intent Form

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	
<i>(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>	
<input type="checkbox"/> 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 <i>(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>	
<input type="checkbox"/> 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	
<p>I declare that the information given on this form is correct</p>	
Signed	
Date	
Please return this form to programme support for your relevant specialty school	

Appendix B: Period of Grace Flow Chart

