**Period of Grace Intent Form**

**Yorkshire and the Humber Deanery**

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| **Personal Details** |
| First Name |  |
| Surname |  |
| GMC/GDC number |  |
| Phone Number |  |
| Email Address |  |
| **Training Details** |
| National Training Number (NTN) |  |
| Specialty |  |
| Training Programme Director Name |  |
| Expected CCT/CESR-CP Date |  |
| Scheduled ARCP Date (where known) |  |
| Location of Final Provider 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 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 your Training Programme Director 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.** |
| Signature |  |
| Date |  |
| **Please return this form to your relevant programme support contact:**

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| **england.emsupport.yh@nhs.net** | **england.medicine.yh@nhs.net** |
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