**Trainee’s Grounds for ARCP Review/Appeal**

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| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | GMC/GDC Number | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. | | |
| Training Programme | Click or tap here to enter text. | | |
| **Current stage of training** (adjusted for any sick, maternity and other leave or Out of Programme (non-training) periods of time, extensions etc. *e.g. CT1; ST6* | | | Click or tap here to enter text. |
| **How far through that training year are you** (to the nearest month, whole time equivalent)**?** | | | …… months |
| ARCP Panel date | Click or tap to enter a date. | ARCP Outcome received | Choose an item. |
| **What are your grounds for review/appeal?**  *Please summarise this concisely.* Trainees may provide additional evidence at this stage (e.g. evidence of mitigating circumstances or other evidence relevant to the original panel’s decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. | | | |
| Click or tap here to enter text. | | | |
| **What are you hoping as an outcome to the review/appeal?**  *Please summarise this concisely. Clarity at this stage may help identify action that can be taken to obviate the need for a full appeal process.* | | | |
| Click or tap here to enter text. | | | |

Please return this completed form to the Deputy Postgraduate Dean and Programme Support Co-ordinator/Programme Support Manager listed on your ARCP outcome letter by the deadline specified.