

## Appendix 1: Period of Grace Intent form

This form is to be completed by all Doctors in training programmes 6 months prior to the expected CCT/CESR(CP)

Personal Details	
First name:	
Surname:	
Mobile number:	
Email address:	
Training Details	
NTN:	
Training Specialty:	
Expected CCT/CESR(CP) Date:	
Scheduled ARCP Date:	
Final Placement Trust:	
Intention to take up a Period of Grace	
<p><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).</i></p>	
<p><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 (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)</p> <p><input type="checkbox"/> I confirm that I do not wish to take up the offer of a Period of Grace following the award of an outcome 6 at my next ARCP and 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> <p>I declare that the information given on this form is correct.</p> <p>Trainee Signature: _____ Date: _____</p>	

Please return this form to [specialtyprogrammes.em@hee.nhs.uk](mailto:specialtyprogrammes.em@hee.nhs.uk)