

# Health Education England South West

# Period of Grace Intent Form

Please ensure that you are familiar with the [Health Education England South West Period of Grace Policy](https://severndeanery.nhs.uk/about-us/policies-and-procedures/period-of-grace-policy/) prior to completing this form.

Please ensure you discuss your intention to request a POG with your Training Programme Director and submit this form to your Education Programme Manager at least 6 months prior to your estimated CCT date.

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| **1. Personal details** |
| First name | Click here to enter text |
| Surname | Click here to enter text |
| GMC number | Click here to enter text |
| Email address | Click here to enter text |
| Telephone number | Click here to enter text |

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| **2. Training details** |
| Specialty | Click here to enter text |
| Expected CCT date | Click to enter a date |
| Scheduled date of final ARCP | Click here to enter text |
| Final placement trust | Click here to enter text |

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| **3. Notification of intent to take up a Period of Grace** |
| I confirm that I intend to take up the offer of a Period of Grace to commence from the expected CCT date stated above subject to satisfactory ARCP outcome.I understand that I will be required to work the full 3-month notice period with the arranged employing trust commencing on the expected CCT date should I subsequently wish to resign from the post.I understand that my placement is subject to the availability of posts within the programme, service needs of the employing trust and the training requirements of those doctors still in training. Therefore, specific location requests may not be possible.*Should you wish to submit any supporting information to be considered by the TPD in the allocation of your post, please provide this overleaf in Section 4.* |
| Name | Click here to enter text |
| Date | Click to enter a date |

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| **4. Supplementary information** |
| Click here to enter text |

