**Redeployment of Doctors in Training Returning to Service from OOPR**

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| **Name**  |  |
| **GMC number** |  |
| **Training Programme** |  |
| **Name of TPD** |  |
| **Training Region** |  |
| **Home address** |  |
| **Mobile phone number** |  |
| **Institution where undertaking OOPR** |  |
| **When started OOPR** |  |
| **Name of research supervisor agreeing to return to service** |  |
| **Has funding body agreed to interruption of OOPR?** |  |
| **From when available for redeployment to service?** |  |
| **Expected duration of redeployment (estimated minimum)?** |  |
| **Which Health Board would you prefer to be redeployed in?** |  |
| Section for Deanery Administrative purposes  |
| LDD |  |
| TPD notified |  |
| Training manager notified |  |
| DME notified |  |
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