

## Application for a Deferral/Postponement of Training Programme start date

Please note, deferrals/postponement are generally only permitted on statutory grounds and subject to approval by the Lead Dean or Associate Postgraduate Dean. Applications for postponement must be submitted 12 weeks prior to commencing in training. Applications submitted later than this will only be considered under exceptional circumstances.

Please ensure sections 1 – 6 are completed and return the form to your Training Programme Administrator. Foundation trainees are not required to complete Part 6.

<https://www.scotlanddeanery.nhs.scot/about-us/our-people/training-management-team/>

<b>PART 1: Applicant Details</b>	
Surname:	Forename:
GMC Number:	Oriel PIN No: <span style="float: right;">(applicant ID)</span>
Address for Correspondence:	
Mobile No:	E-mail address:
<b>PART 2: Training Programme Details</b>	
Original start date:	Programme appointed to:
<b>PART 3: Do you wish to request a deferral or apply for a postponement of training programme start date (please tick relevant box)</b>	
Deferral (Statutory grounds only)	<input type="checkbox"/>
Postponement (Non Statutory grounds)	<input type="checkbox"/>
<b>PART 4: Deferral/Postponement Details</b>	
Start date:	Anticipated end date:
Please give reasons for your request to defer/postpone the start of your training:	

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<b>PART 5: Trainee Declaration</b>
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a. I confirm that I have accepted an offer of a place on the ..... training programme.

b. I must return to the training programme offer that I have accepted. I understand that failure to do so will mean that I will have to relinquish my post `entitlement to that programme and will have to re-apply for Specialty Training.

c. I will liaise closely with the Training Programme Administrator and my Training Programme Director so that the start of my training programme can be facilitated.

d. I understand that my placement may depend on availability at that time of commencing training.

e. I confirm that the information given in this application is accurate to the best of my knowledge and belief. Where required I confirm I have attached the required evidence detailed in the Trainee process document to this form.

<b>Trainee Name:</b>	<b>Date:</b>
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<b>Trainee Signature:</b>
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<b>PART 6: Training Programme Director (TPD) Support – FOUNDATION TRAINEES ARE NOT REQUIRED TO COMPLETE THIS SECTION</b>
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**Declaration:**  
I confirm I am in support of this application for the trainee above to postpone start date of training:

Yes                       No

**Please note:**

Statuary deferral requests must be supported.  
Short term postponements requests are not an automatic right and trainees must fit the eligibility criteria and provide supporting evidence to support their request

<b>TPD Name:</b>	<b>Date:</b>
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<b>TPD Signature:</b>
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If application is not supported, please state reason why:

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**PART 7: Associate Postgraduate Dean (APGD) or Lead Dean Director (LDD) Support**

**Declaration:**

I confirm this application is appropriate and approve this application to defer/postpone the start date of training.

Yes

No

**APGD /PGD Name:**

**Date:**

**APGD / PGD Signature:**

If application is declined, please state reason why:

**Once form is completed, in full, the form should be returned to the relevant [Training Programme Administrator](#).**