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**Application for a deferred start to Specialty or Academic**

**Training**

Deferments give successfully appointed applicants the opportunity to defer training (for a maximum of 12 months) on statutory grounds in line with the Gold Guide before the training programme starts, subject to approval by the Postgraduate Dean and NHSE Recruitment Office. **If you are deferring for a statutory reason your request will be considered.**

Deferral requests must be made no later than 16 weeks prior to the original planned start date. Requests outside of this deadline will not meet the code of practice deadline and may result in offers being withdrawn.

For applicants who require sponsorship from NHSE, the time you can defer until will depend entirely on your visa status and to fit in with your rotations. **If you hold a visa you must submit a copy of your BRP with your deferral request.** Please refer to Home Office guidance and contact the Overseas Sponsorship Team for further information (england.sponsorship@nhs.net)

Your deferral request is subject to approval and will be considered on a case by case basis. You will receive confirmation of the outcome within 14 working days.

Please complete parts 1 to 5 and submit to:england.recruitment.eoe@nhs.net

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| **PART 1: Applicant Details** | | | | |
| First Name: | | | Surname: | |
| GMC No : | | | Oriel Pin: | |
| Address for Correspondence : | | | | |
| Mobile No : | | | Email: | |
| Nationality : | | | | |
| Do you require NHSE Sponsorship : | | Yes No | | |
| **PART 2: Training Programme Details** | | | | |
| Academic or Clinical Post : | Specialty Appointed to : | | | Level: |
| Trust Appointed to : | | | |  |
| Original  Start Date: | | | Deferred  Start Date: | |

**PART 3: Reason for Deferral**

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| Please give reasons for your request to defer the start of your training.  **Please also provide necessary evidence to confirm reason for deferral and state what has been**  **provided.** |

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| **PART 4: Trainee Declaration** | |
| 1. I confirm that I have accepted an offer for a training programme within NHSE East of England | |
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|  | B) For a deferral of less than 12 months, 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 entitlement to that programme and will re-apply for Specialty Training. |
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|  | C)For deferrals of 12 months, I understand that I will be accommodated into the original Training Programme where possible. Should the Training Programme be full after the recruitment round I will be offered an alternative within the East of England region. |
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|  | D)I will liaise closely with the NHSE EOE Recruitment Office, Hospital Trust (Medical Staffing) and Training Programme Director and Sponsorship Team (if applicable) so that the start of my training programme can be facilitated |
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|  | E) I understand that I am required to submit my request of deferral no later than 16 weeks prior to my original planned start date. I understand that requests outside of this deadline will not meet the code of practice deadline and may result in my offer being withdrawn |
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|  | F) I confirm that the information given in this application is accurate to the best of my knowledge and belief |
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| Trainee Signature: | |

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| **FOR NHSE OFFICE USE ONLY** |
| **PART 5: Training Programme Director Declaration** |
| Declaration:  I confirm this application is appropriate and approve this application to defer the start of Specialty Training.  Training Programme Director Signature: |
| **PART 6: Medical Staffing (at relevant trust) Declaration** |
| Declaration:  I confirm this application is appropriate and approve this application to defer the start of Specialty Training.  Medical Staffing Signature: |
| **PART 7: (Academics Only) Academic Training Office Declaration** |
| Declaration:  I confirm this application is appropriate and approve this application to defer the start of Specialty Training.  Academic Training Office Signature: |
| **PART 8: NHSE Office Declaration** |
| Declaration:  I confirm this application is appropriate and approve this application to defer the start of Specialty Training.  NHSE Office Signature: |