**POSTGRADUATE DOCTOR GROUNDS FOR ARCP REVIEW/APPEAL**

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| **Name** |  | **GMC/GDC no** |  | |
| **Specialty** |  | | | |
| **Training Programme** |  | | | |
| **Current stage of training** (adjusted for any sick, maternity and other leave or Out of Programme (non-training) periods of time, extensions etc | | | |  |
| **How far through that training year are you** (to the nearest month, whole time equivalent)? | | | |  |
| **ARCP panel date** | | | |  |
| **ARCP outcome received** | | | |  |
| **What are your grounds for review/appeal?** | | | | |
|  | | | | |
| **What are you hoping as an outcome to the review/appeal?**  *Please summarise this concisely. Clarity at this stage may help identify action that can be taken to obviate the need for a full appeal process.* | | | | |
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