**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?** |
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| **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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