**NHS England - North West**

**Withdrawal of Time Out of Programme Application/**

**Curtailment of Time Out of Programme**

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| **SECTION 1: PERSONAL DETAILS (to be completed by resident doctor)** |
| Surname |  | First Name |  |
| Specialty |  | Contact Email |  |
| Training Number |  | GMC Number |  |
| Type of OOP | OOP**T** [ ]  | Start date of OOP (currently approved) |  |
| OOP**R** [ ]   |
| OOP**E** [ ]  | End date of OOP (currently approved) |  |
| OOP**C** [ ]   |
| OOP**P** [ ]  |

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| **SECTION 2: WITHDRAWAL/CURTAILMENT OF OOP (to be completed by resident doctor)** |
| I wish to withdraw my OOP application and remain in the training programme |[ ]
| I wish to curtail my time OOP and return to the training programme |[ ]
| Proposed return to training date (curtailment only) |  |
| Reason for withdrawal/curtailment  |  |
| Signature of Trainee |  |

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| **SECTION 3: SECTION TO BE COMPLETED BY TRAINING PROGRAMME DIRECTOR**  |
| I confirm I am in support of the above request (if not, please detail reasons below) |[ ]
| Name of Training Programme Director |  |
| Signature of Training Programme Director |  |
| Reason(s) for non-approval |  |

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| **SECTION 4: SECTION TO BE COMPLETED BY ASSOCIATE DEAN** |
| I confirm I am in support of the above request (if not, please detail reasons below) |[ ]
| Name of Associate Dean |  |
| Signature of Associate Dean |  |
| Reason(s) for non-approval |  |

**NB: It is the resident doctor’s responsibility to ensure completion of sections 1-3 before submitting the form to the appropriate Programme Support Manager**