

**RESIDENT DOCTOR/DENTIST GROUNDS FOR NON-ARCP APPEAL**

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| **Name** |  | **GMC/GDC no** |  |
| **Specialty** |  |
| **Training Programme** |  | **Grade** |  |
| **What are your grounds for review/appeal? (please select)** |
| 1. **Out of Programme request**
 | [ ]  |  |
| 1. **Less Than Full Time Training Request**
 | [ ]  |
| 1. **Deferred start of programme request**
 | [ ]  |
| 1. **Other (please specify below)**
 | [ ]  |
| **Date of decision:** |  |
| **What are your grounds for appeal?** *Please provide details below* |
|  |
| **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.* |
|  |
| **Date of completion:** |  |