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Description automatically generated

**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:** | |  | | | | | |