**Withdrawal from Specialty Training/Period of Grace Form**

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| **Name of Trainee:** |  | | | | |
| **Grade:** |  | | | | |
| **Specialty:** |  | | | | |
| **Details of current and future placements including Trust and site information:**  ***(please include details if on OOP)*** | **Current:** | | | **Future:** | |
| **Reason for withdrawal:**  ***(tick as applicable*)** | **Health:** |  | **Educational:** | |  |
| **Personal:** |  | **Other:** | |  |
| Please include any additional information below and overleaf if necessary: - | | | | |
| **Support:** | I confirm that I have spoken to my Educational Supervisor and Training Programme Director. | | | | |
| **Support Meeting:** | I would/would not like a support meeting with the Head of School/Associate Dental Dean to discuss my options. | | | | |
| **Resignation:** | I have formally resigned from my current Trust and/or my next employing Trust if I’m due to rotate within the next three months. | | | | |
| **Relinquish NTN:** | I understand that I will have to relinquish my NTN Number | | | | |
| **Agreed Last Date with Trust:** |  | | | | |
| **Signature of Trainee Doctor:** |  | | | | |