**Support for Reapplication to a Specialty Training Programme**

This form must be completed for all applicants who have previously been removed or resigned from the specialty training programme that they are applying to re-enter.

Applicants currently training in the specialty who are applying to continue to their training in another HEE Local Office/Deanery, do not need to complete this form.

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| **Applicant Name:** |  |
| **Applicant GMC/GDC No:** |  |
| **Specialty and Level Applying for:** |  |
| **HEE Local Office/Deanery where training in this specialty was previously undertaken** |  |
| **Reason for leaving specialty training programme** | Removal / Resignation  *Delete as appropriate* |

Unless otherwise stated, the remaining sections should be completed by a Head of School or Training Programme Director, with direct knowledge of your training from the region where you previously undertook training in this specialty. If you have undertaken training in this specialty in more than one region, this should be completed by the region where your removal/resignation from post took place.

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| **Training History – to be completed by your previous HEE Local Office/Deanery**  Where more than one year of training has been completed in the specialty, please ensure that a separate entry is made for each year of training  *Additional rows can be added, if needed* | | |
| **Specialty** | **Training Level** | **Dates** |
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| **ARCP/RITA History – to be completed by your previous HEE Local Office/Deanery**  Please ensure that each ARCP/RITA issued for this specialty is entered, even if multiple outcomes were issued for the same year of training. This should not include ARCP outcome 5s. Assessment records for training posts undertaken in other specialties do not need to be recorded.  *Additional rows can be added, if needed* | | | |
| **Specialty** | **Training Level** | **Date of Issue** | **ARCP/RITA Outcome** |
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| **Removal/Resignation from Training Programme**  Please detail the reasons for the trainee’s removal or resignation from the training programme in **this** specialty. |
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| **Support for reapplication to the specialty**  In order to re-apply for training in the same specialty, where a trainee has previously been removed or resigned, they must demonstrate exceptional circumstances and have support of the Postgraduate Dean in the HEE Local Office/Deanery where training in this specialty was previously undertaken. | | |
| I was previously involved with this applicant’s training in this specialty[[1]](#footnote-1). I am aware of the issues that resulted in them leaving the training programme and I am supportive of them reapplying for specialty training in this specialty | | Yes/No |
| **Reasons for support of reapplication:** | | |
| **Signed:** |  | |
| **Name:** |  | |
| **Date:** |  | |
| **Role in trainee’s Previous Training:**  *e.g. Training Programme Director/Head of School* |  | |
| **HEE Local Office/Deanery:** |  | |

**Postgraduate Dean Support for Application:**

I confirm that I am the Postgraduate Dean in the HEE Local Office/Deanery where the applicant previously undertook training in this specialty. I have read the reasons why the trainee left the programme and the reasons why the Training Programme Director/Head of School is happy to support their reapplication to the specialty.

I confirm that I am also happy to support their reapplication Yes/No

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| **Applicant’s Name:** |  |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |
| **Role:** | Postgraduate Dean[[2]](#footnote-2) |
| **HEE Local Office/Deanery:** |  |

Once fully signed, this form should be returned to the applicant who **must** submit this to the appropriate Recruitment Office by no later than the closing date for applications. Failure to provide this by the deadline may result in an application being withdrawn.

Please note, no other evidence will be accepted as evidence of support for reapplication to a specialty.

1. Where Training Programme Directors/Heads of School have changed since the trainee was in post, the current TPD/HoS should complete the form, having fully established the reasons for removal/resignation [↑](#footnote-ref-1)
2. Where the Postgraduate Dean is not available to sign the form, it must be signed by a Deputy authorised to sign on behalf of the Postgraduate Dean. [↑](#footnote-ref-2)