**DOCTOR IN TRAINING’s GROUNDS FOR ARCP REVIEW/APPEAL**

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| --- | --- | --- | --- | --- | --- |
| **Surname** |  | | **First Name** |  | |
| **GMC Number** | |  | | | |
| **Specialty** | |  | | | |
| **Training Programme** | |  | | | |
| **Current stage of training** (adjusted for any sick, maternity and other leave or Out of Programme (non-training) periods of time, extensions etc. eg CT1; ST6 | | | | |  |
| **How far through that training year are you** (to the nearest month, whole time equivalent)? | | | | |  |
| **ARCP panel date** | | | | |  |
| **ARCP outcome received** | | | | |  |
| **What are your grounds for review/appeal?**  Please summarise this concisely. Doctor in training may provide additional evidence at this stage (eg evidence of mitigating circumstances or other evidence relevant to the original panel’s decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. | | | | | |
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| **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. | | | | | |
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