A blue and black sign

AI-generated content may be incorrect.

**NHS England – North West**

**Withdrawal of Time Out of Programme Application / Curtailment of Time Out of Programme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 1: PERSONAL DETAILS (to be completed by resident doctor)** | | | | | |
| **Surname** |  | | **First Name(s)** |  | |
| **Specialty** |  | | **Contact email** |  | |
| **GMC Number** | |  | **Training Number** | |  |
| **Type of OOP** | | OOP**T**  OOP**R**  OOP**E**  OOP**C**  OOP**P** | **Start date of OOP**  (currently approved) | |  |
| **End date of OOP**  (currently approved) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2: WITHDRAWAL/CURTAILMENT OF OOP (to be completed by resident doctor)** | | | |
| I wish to withdraw my OOP application and remain in the training programme | | |  |
| I wish to curtail my time OOP and return to the training programme | | |  |
| Proposed return to training date (curtailment only) | |  | |
| Reason for withdrawal/curtailment |  | | |
| Signature of Resident doctor |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3: SECTION TO BE COMPLETED BY TRAINING PROGRAMME DIRECTOR** | | | |
| I wish to withdraw my OOP application and remain in the training programme | | |  |
| Name of Training Programme Director | |  | |
| Signature of Training Programme Director | |  | |
| Reason(s) for non-approval |  | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 4: SECTION TO BE COMPLETED BY ASSOCIATE DEAN** | | |
| I confirm I am in support of the above request (if not, please detail reasons below) | |  |
| Name of Associate Dean |  | |
| Signature of Associate Dean |  | |
| Reason(s) for non-approval |  | |

**NB: It is the resident doctor’s responsibility to ensure completion of sections 1-3 before submitting the form to the appropriate Programme Support Manager**