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| **Appraisal postponement application form** | | |
| **Section A Doctor’s details and request for postponement** | | |
| Doctor’s name: |  | |
| GMC number: |  | |
| Telephone Nos: |  | |
| Mobile: |  | |
| Practice: |  | |
| Home: |  | |
| Email: |  | |
| Appraisal due month: |  | |
| Date of last appraisal: |  | |
| Name of last appraiser: |  | |
| Revalidation due date: |  | |
| Reason for postponement of appraisal: |  | |
| Proposed date for next appraisal: |  | |
| Date of request: |  | |
| **Section B Local clinical lead/Programme Manager decision** | | |
| Name of person considering request: | | Jo Bartum |
| Position: | | Programme Manager  Appraisal and Revalidation |
| Postponement agreed: | | 🞏 Yes 🞏 No |
| Comment: | |  |
| Agreed new appraisal due date: | |  |
| Date of decision: | | Signature: |



NHS England and NHS Improvement