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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