**FORM E: APPLICATION FOR EARLY RETURN**

**(CAREER BREAK)**

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| **Name** |       |
| **Grade** |       | **Year & Level** |       |
| **Specialty** |       |

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| **Please specify the reasons for your application for an early return.** |
|       |

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| **Current return date** |       |
| **Intended return date** |       |

You should submit this form to:-

 Dr Jeremy Langton

 Deputy Postgraduate Dean

 Health Education South West

 Peninsula Postgraduate Medical Education

 Raleigh Building

 Plymouth Science Park

 Plymouth, PL6 8BY

 Fax: 01752 676190

A copy of this form should also be sent to the relevant School Manager at the same address.

A minimum of two months’ notice is required for intended return dates. An early return date may not be possible to facilitate. The trainee will be notified of the outcome of their request with five working days of the receipt of their Form E.

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| I confirm that I have read and understood the Peninsula Postgraduate Medical Education guidance and declare that the information I have given is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action. |
| Signed |  | Dated |       |