**HEE KSS GP School**

## **Confirmation of Withdrawal from GP Specialty Training**

This form should be completed by the GP Programme Director and the GPSt

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| **Full Name of GPStR Doctor** |  |
| **Email address** |  |
| **GMC Number** |  | **NTN** |  |
| **Grade****(tick as applicable)** | **ST1** |  | **ST2** |  | **ST3** |  |
| **Name of GP Training Programme** |  |
| **Training Year e.g. 2011/12** |  | **Last Day of training** |  |
| **Reason for Withdrawal****(tick as applicable)** | **Health** |  | **Educational** |  |
| **Personal** |  | **Other** |  |
| *Please include any additional information below and overleaf if necessary:* |
| **Name of Educational Supervisor &****Practice Address** |  |
| **Signature of GP Specialty Training Registrar** |  | **Date** |  |

*NB: This form only relates to the withdrawal of the GPStR from the KSS GP School. It will still be necessary for trainees to formally resign from their employing Trust and inform the RCGP.*

**GP Programme Director Approval**

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| **Name of DME/GP-TPD/PAD** |  |
| **Signature of DME/GP-TPD/PAD** |  | **Date** |  |

*The GP TPD confirms that they have discussed the implications of withdrawal from the GP Specialty Training Programme with the GPStR and that appropriate careers advice has been offered.*

**Please return this form to the KSS GP School as soon as possible at the address below:**

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| **Healthcare Education Team, London and Kent, Surrey and Sussex****Health Education England, Stewart House, 32 Russell Square, London, WC1B 5DN****(Email:** GPSouth.lase@hee.nhs.uk**)** |

**GP School Approval**

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| --- | --- | --- | --- |
| **Signature of Head of GP School** |  | **Date** |  |

**For Office Use Only Tick**

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| Copy to Trust Medical Staffing/MEM |  |
| Copy to KSS LTFT Training Office*(if LTFT FD)* |  |
| Copy to trainee file |  |
| Organise ARCPWithdrawal noted on GP School databases & eportfolio |  |