# CONFIRMATION OF WITHDRAWAL FROM KENT, SURREY AND SUSSEX (KSS) FOUNDATION TRAINING

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| **Name of Foundation Doctor** |  | | | | **GMC No.** | | |  | |
| **Grade (tick as applicable)** | **F1** |  | **F2** |  | **Date of withdrawal** | | |  | |
| **Medical School of Graduation** |  | | | | **Trust contract end date** | | |  | |
| **Name of Trust**  ***(inc site if multi-site Trust)*** |  | | | | | | | | |
| **Training Year**  **e.g. 2022-2023** |  | | | | **Tier 4 Visa?** | | | |  |
| **Reason for Withdrawal**  **(tick as applicable)** | **Undertaking F2 outside the UK** | | |  | **Ill health, but intend to return to medicine** | | | |  |
| **Returning to work in ‘home’ country outside the UK having acquired full GMC registration** | | |  | **Permanently leaving medicine** | | | |  |
| **Continuing medical training outside the UK (not part of Foundation Programme)** | | |  | **Undertaking F2 in a different foundation school - applying for stand-alone F2 elsewhere** | | | |  |
| **Taking a career break (e.g. raising a family) but intend to return to medicine** | | |  | **Other** | | | |  |
| *Please include any additional information below and overleaf if necessary:* | | | | | | | | |
| **Signature of Foundation Doctor** |  | | | | | **Date** |  | | |

*NB: This form only relates to the withdrawal of the Foundation Doctor from the KSS Foundation School. It will still be necessary for them to formally resign from their employing Trust.*

**DME/FTPD/Med School Rep\* Approval**

*(\* Med School Rep approval only required if foundation doctor withdraws before commencing foundation training)*

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| **Name of DME/FTPD/Med School Rep** |  | | |
| **Signature of DME/FTPD** |  | **Date** |  |

*The above confirms that they have discussed the implications of withdrawal from the Foundation Programme with the Foundation Doctor (i.e. that they would have no further access to foundation training within KSS without reapplying in open competition for a foundation programme) and that appropriate careers advice has been offered.*

**Please return this form by email to** [**england.kssfoundationenquiries.se@nhs.net**](mailto:england.kssfoundationenquiries.se@nhs.net)

**KSS Foundation School Confirmation**

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| --- | --- | --- | --- |
| **Signature of Foundation School Dir/AD** |  | **Date** |  |