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| **Section A** | **Doctor’s details and request for postponement** |
| Doctor’s name: |  |
| GMC number: |  |
| Telephone number(s): |  |
|          Mobile: |  |
|          Practice: |  |
|          Home: |  |
| Email: |  |
| Doctor’s appraisal month: |  |
| Date of last appraisal: |  |
| Name of last appraiser: |  |
| Name of current appraiser (if different from last): |  |
| Revalidation due date: |  |
| Previous Revalidation deferral dates:  |  |
| Reason for request forMissed Appraisal/ Postponement within appraisal year:*(****If for reason such as maternity/sick leave, start and end dates must be included, if no dates then the form will be returned to you)*** |  |
| Date of request: |  |
| **Form will only be accepted if completed by the doctor** |
| **Section B** | **Appraisal Service** |
| Person/Position considering Request: |  |
| Comment:    |  |
| Suggested Outcome: | Approved Missed | Postponement |
| Agreed new appraisal month for appraisal year (if applicable): |  |
| Will this revert back?: | YES | NO |
| Date of decision: |  |
| Final decision: | AGREED | NOT AGREED |
| If not verified and agreed, reason: |  |
| Any further comment/action needed: |  |
| Senior Team Member verifying request and informing doctor/notifying DB: |  |
| Date: |  |