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| **Section A** | **Doctor’s details and reason for request** |
| Doctor’s name: |  |
| GMC number: |  |
| Telephone number(s): |  |
|          Mobile: |  |
|          Practice: |  |
|          Home: |  |
| Email: |  |
| Doctor’s appraisal month: |  |
| Suggested ‘alternative venue’ for appraisal: |  |
| Name of appraiser: |  |
| Reason for the request: |  |
| **Form will only be accepted if completed by the doctor** |
| Date of request: |  |
| **Section B** | **Appraisal Service** |
| Person receiving request: |  |
| Date forwarded to Programme Manager/ Service Lead for authorisation and entered to spreadsheet: |  |
| Considered by (PM/SL): |  |
| Comment:    |  |
| Date of decision: |  |
| Date decision shared back to Doctor and Appraiser and entered to spreadsheet: |  |