|  |  |  |
| --- | --- | --- |
| **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 for  Missed Appraisal/Postponement within appraisal year:  *(****If for reason such as maternity/sick leave, start and end dates must be included)*** |  | |
| Date of request: |  | |
|  | | |
| **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: |  | |