

Appraisal postponement application form

Section A Doctor's details and request for postponement

Doctor's name:	
GMC number:	
Telephone Nos:	
Mobile:	
Practice:	
Home:	
Email:	
Appraisal month:	
Date of last appraisal:	
Name of last appraiser:	
Revalidation due date:	
Reason for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	

Section B Local clinical lead/Programme Manager decision

Name of person considering request:	Avril Gilliam - Hill
Position:	Programme Manager, Appraisal and Revalidation
Postponement agreed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	
Agreed new appraisal due date:	
Date of decision:	Signature: