

**Period of Grace Form
(PoG)
DENTAL SPECIALTY TRAINEES ONLY**

Trainee Full Name	
Trainee Title	
Training Programme / Specialty	
National Training Number	
GDC Number GMC if applicable	
Grade / Year of Training	
Next RCP Date	
CCST / End of Training Date	
Final Placement Department / Trust / Address	
Email Address	
Mobile Number	
Intention to take up Period of Grace	
Please indicate below whether or not you intend to take up the offer of a Period of Grace commencing from your expected completion date indicated above. Please insert √	
<input type="checkbox"/>	I confirm that I intend to take up the offer of a Period of Grace to commence from the expected completion date stated above subject to satisfactory RCP outcome. I understand that if I wish to terminate my contract during the Period of Grace, I will be required to work the full notice period of my employer. Please attach an additional sheet should you wish to submit any supporting information to be considered by the TPD's in the allocation of your post.
<input type="checkbox"/>	I confirm that I do not wish to take up the offer of a Period of Grace following the completion of training, I understand that I will therefore relinquish my NTN on the date of CCST and will not be able to return to a training post in this specialty.
I declare that the information given on this form is correct.	
Signature	
Date	
Please return by email to the Deanery / HEE Local Office	