

Appendix I: Deferral Request – Proforma

Foundation Training Year Deferral Request

This form should be submitted to the NES Pharmacy team at nes.ftypharmacy@nhs.scot

Please do not submit any evidence or confidential/sensitive information to this email address. The team will assign an appropriate NES Pharmacy team member who will manage your deferral request once this form has been submitted.

Name	
Email	
Telephone	
Training Year	
Training Provider	
Reason for deferral	
New requested start date	
Date deferral request submitted	

Trainee Applicant Declaration (Completed by Trainee Applicant)

I am requesting approval to defer the start of my training programme as detailed above. I understand that:

- If my request is not approved (rejected), I must commence my training programme on the start date stated in my offer or resign/withdraw from the training programme.
- To re-enter training, I will need to re-apply in open competition.
- Extensions to the approved deferral period will not be accepted.

· The training provider originally matched to me may not be available to me when I start my training programme. I may need to be matched to another training provider in a different placement type/geographical area.
I must inform the NES Pharmacy Team if my contact details change at any point during the deferral period.

Signature:

Dated: