

Application Form for Deferment of Revalidation

Please complete this form to request a deferment of Revalidation and return for consideration to:

Kate Barnes, Project Officer, NHS Gloucestershire, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE

TO BE COMPLETED BY THE GP

Name:

Address:

Contact Telephone Number:

Practice:

Email:

GMC number:

Date of Birth:

REVALIDATION DATE :

REQUEST DEFERAL OF ~ Please tick

4 months

☐

12 months

☐

Please indicate the date of your last 2 appraisals and the names of the person who appraised you:

Date (Month/Year)

Name of Appraiser

1.

2.

Reason for exception request:

Please indicate WHY you wish to request a deferment of your Revalidation and for how long

Signature:

Date:

TO BE COMPLETED BY THE MEDICAL DIRECTOR

Date received:

Approved or Denied (circle as appropriate)

Reasons if request denied

New revalidation date if approved

Date actioned on GMC Connect

Signature of Medical Director :

Date
