**FORM C: CHANGE OF CIRCUMSTANCES**

**(CAREER BREAK)**

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| **Name** |       |
| **Grade** |       | **Year & Level** |       |
| **Specialty** |       |

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| **Please specify the change of circumstances in the reason for career break.** |
|       |

You should submit this form to:-

 Dr Jeremy Langton

 Deputy Postgraduate Dean

 Health Education South West

Peninsula Postgraduate Medical Education

 Raleigh Building

 Plymouth Science Park

 Plymouth, PL6 8BY

 Fax: 01752 676190

A copy of this form should also be sent to the relevant School Manager at the same address.

If the reason for career break no longer exists or the change in circumstance leads to withdrawal of approval the career break will be ended and where possible a return to the training programme will be facilitated. Where this is not possible the trainee will remain on career break until such time they can either return to the training programme or the career break come to a natural end.

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| I confirm that I have read and understood the Peninsula Postgraduate Medical Education guidance and declare that the information I have given is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action. |
| Signed |  | Dated |       |