**EXIT FORM**

Registrar Name:

Region/Deanery and NTN:

Date of starting programme:

Date of leaving programme:

Year at entry: ST1/2/3/4/5 or equivalent

Working part time on leaving date? Yes/ No

If you have utilised your grace period please indicate duration:

**LEAVING BEFORE END OF TRAINING PROGRAMME**

Reason for leaving:

Relocation- Inter deanery transfer

PH training did not live up to expectations / Wrong specialty

choice

Personal reasons eg partner moving, carer responsibilities

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAVING AT END OF TRAINING PROGRAMME**

If leaving because training completed, future plans:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of job | NHS | Local Authority | Private sector | Other please specify |
| Substantive consultant post |  |  |  |  |
| Fixed term consultant post |  |  |  |  |
| Locum consultant post |  |  |  |  |
| Academic post |  |  |  |  |
| Public Health Non Health Specialist |  |  |  |  |
| No position secured |  | | | |

Comments:

Date\_\_\_\_\_\_\_\_\_\_\_