



# Application for Placement Change

<b>Name:</b>			
<b>Current term:</b>		<b>Current training post:</b>	

- Change of hours' request  
 Change of confirmed placement request

## Change of hours' request use this section

**Change of hours' request: (detail request) e.g. 38hrs to 24hrs – if less than full time please make sure you include your educational release time in the hours.** GP registrars are able to make changes to hours worked up to four weeks into a new term. After this time, only one change during a term will be permitted.

**Reason for change of hours' request:** (include/attach evidence as appropriate):

<b>Signature:</b>		/ /
<b>Name:</b>		<b>Date</b>

Training post agreement to change of hours			Training post agreement to change of hours <small>*for use if concurrent post</small>		
<b>Signature:</b>		/ /	<b>Signature:</b>		/ /
<b>Name:</b>		<b>Date</b>	<b>Name:</b>		<b>Date</b>
<b>Comment:</b>			<b>Comment:</b>		

Please forward this completed form along with your evidence to [registrar@ntgpe.org](mailto:registrar@ntgpe.org)

**Training team recommendation:**

<b>NTGPE Approved</b>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<b>Signature:</b>		/ /
<b>Name/Position:</b>		<b>Date</b>



# Application for Placement Change

## Change of confirmed placement request use this section

**Change of placement requested:** – it is the GP registrar’s responsibility to organise another placement (based on training post availability as confirmed by NTGPE) if they wish to withdraw from a confirmed placement.

**Reason for change of placement request:** (include/attach evidence as appropriate):

<b>Signature:</b>		/ /
<b>Name:</b>		<b>Date</b>

Please forward this form along with your evidence to the NTGPE Director of Training (DoT) or Director of Education (DoE) for approval via [registrar@ntgpe.org](mailto:registrar@ntgpe.org)

**DoT/DoE decision:** NTGPE DoT/DoE to approve **PRIOR** to GP registrar seeking current and receiving training post approval to ensure the change fits with any current training plan.

### Director of Training/Director of Education

<b>Signature:</b>		/ /
<b>Name:</b>		<b>Date</b>

<b>Confirmed training post agreement to withdrawal</b>			<b>Confirmed training post agreement to withdrawal</b> <small>*for use if concurrent post</small>			
<b>only to be sought after DoT/DoE approval to change</b>						
<b>Signature:</b>		/ /	<b>Signature:</b>		/ /	
<b>Name:</b>		<b>Date</b>	<b>Name:</b>		<b>Date</b>	
<b>Comment:</b>				<b>Comment:</b>		



Receiving training post agreement to placement			Receiving training post agreement to placement <small>*for use if concurrent post</small>			
<b>only to be sought after DoT/DoE approval to change</b>						
<b>Signature:</b>		/ /	<b>Signature:</b>		/ /	
<b>Name:</b>		<b>Date</b>	<b>Name:</b>		<b>Date</b>	
<b>Comment:</b>				<b>Comment:</b>		

***NTGPE administrative use only***

<b>Change of hours</b>	
Training team notified	
GPTracks updated	
Document saved in TRIM	
<b>Change of placement</b>	
Training posts notified	
Training team notified	
GP Tracks updated	
Document saved in TRIM	
Provider no. application completed	