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| **Trainee Details:** | |
| **Name:** |  |
| **Primary Email Address:** |  |
| **RCPI Identification Number:** |  |

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| **Training Programme Details:** | |
| Type of Training Programme – BST/HST: |  |
| Specialty: |  |
| **Details of Re-assignment Request:** | |
| Please indicate the post/rotation that you have been assigned to: |  |
| Please indicate the post/rotation that you are requesting to be assigned to: |  |
| Please give details on when and how your personal circumstances changed since your post/rotation changed since it was assigned to you: |  |
| Indicate the planned dates for this post/rotation: (i.e. July 2016 – July 2017) |  |
| Please outline the supporting document attached to this application (if required): |  |
| **Declaration:** | |
| I agree to the above declaration –  Applicants Signature: |  |
| Date: |  |

**For office use only:**

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| **National Specialty Director/Associate Director for BST GIM Approval:** | |
| Title: |  |
| Signature: |  |
| Date: |  |