FORM TSR2 – Version 1.1 June 2009 REGISTRATION REFERENCE NUMBER: | | | | | | |

APPLICATION FOR WITHDRAWAL FROM AN INDIVIDUALLY NUMBERED IDENTIFIABLE TRAINING POST

Comhairle na nDochtúirí Leighis
Medical Council

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APPLICATION FORM FOR VOLUNTARY WITHDRAWAL FROM AN INDIVIDUALLY NUMBERED IDENTIFIABLE TRAINING POST

(THIS FORM IS TO BE COMPLETED FOR WITHDRAWAL FROM A POST. USE FORM TSR1 FOR A NEW PERIOD OF TRAINEE SPECIALIST REGISTRATION.)
ALL PARTS OF THIS FORM MUST BE COMPLETED.

SECTION A – TO BE COMPLETED BY THE DOCTOR

+° SURNAME:

+°FORENAME(S):

+°REGISTERED ADDRESS:

NOTE: THE REGISTRATION YEAR RUNS FROM 1ST JULY TO 30TH JUNE EACH YEAR. IF A DOCTOR IS REGISTERED DURING THE REGISTRATION YEAR, A RETENTION FEE IS PAYABLE ON THE FOLLOWING 1ST JULY. ITEMS MARKED + WILL APPEAR ON THE REGISTER OF MEDICAL PRACTITIONERS. ITEMS MARKED ° MAY BE SHARED WITH RELEVANT THIRD PARTIES, EG TRAINING BODIES AND HSE.

°CONTACT DETAILS: (PLEASE INCLUDE INTERNATIONAL CODES IF OUTSIDE THE REPUBLIC OF IRELAND)

Phone:	
Fax:	
Mobile:	
E-mail address:	*Contacting applicants about their application by email is often quicker than by post.*

DATE OF BIRTH: D D M M Y Y Y Y

MOTHER'S MAIDEN (BIRTH) SURNAME:

NOTE: IN ORDER TO VERIFY YOUR IDENTITY, YOU MAY BE ASKED FOR THE ABOVE INFORMATION WHEN YOU CONTACT THE MEDICAL COUNCIL.

I WISH TO VOLUNTARILY WITHDRAW FROM THE POST DETAILED BELOW UNDER SECTION B OF THIS FORM.

Signature: _____ **Date:** _____
(To be signed by the Doctor)

SECTION B - TO BE COMPLETED BY HOSPITAL ADMINISTRATION ONLY

WITHDRAWAL FROM POST

NAME OF HOSPITAL(S) FROM WHICH DR IS WITHDRAWING FROM POST:

	HOSPITAL STAMP
DATE OF WITHDRAWAL:	
POST NUMBER:	**HOSPITAL LIAISON:**
REASON FOR WITHDRAWAL:	**TELEPHONE NO:**

NOTE:
In accordance with Section 48(5) of the Medical Practitioners Act 2007,"a medical practitioner who is registered in the Trainee Specialist Division but who ceases to practise medicine in an individually numbered, identifiable post which has been approved by the Council for the purpose of medical specialist training shall, as soon as is practicable after so ceasing to practise medicine but, in any case, not later than 14 days after so ceasing to practise medicine, give notice in writing to the Council of that fact". **The Medical Council must be notified within 14 days of a medical practitioner ceasing to occupy their training post.**