

APPLICATION FORM DEFERRAL OF OBLIGATORY SERVICE

Instructions

- I. The Deferral of Obligatory Service is governed by the Policy on *'DEFERRAL OF OBLIGATORY SERVICE FOR RECIPIENTS OF GOVERNMENT SCHOLARSHIPS.'* Before completing this form, please carefully review the Policy to ensure that you satisfy all the requirements for a deferral.
- II. Deferrals may be granted on the following grounds:
- i. To pursue postgraduate studies or postdoctoral research that is aligned to the National Development Human Resource Needs of Trinidad and Tobago.
 - ii. To pursue internships abroad in the medical field, in areas which are necessary for practicing medicine in Trinidad and Tobago, including the Foundation Programme.
 - iii. To pursue other internships abroad which will add significant value to the Scholar's ability to perform obligatory service within Trinidad and Tobago;
 - iv. To pursue residency programmes and postgraduate programmes in the medical field that are aligned to the needs of the health sector within Trinidad and Tobago.
 - v. The Scholar wishes to pursue short-term employment or attachments, of not more than two (2) years, in foreign jurisdictions, which will provide requisite skills, abilities and work experience in their particular field of study, enhance the scholar's competencies and allow him/her to perform at a higher level within Trinidad and Tobago.
 - vi. Certifiable reasons relating to the Scholar's medical fitness.
 - vii. The Scholar requires additional time to complete the programme of study, thesis or research and/or a request for an extension of scholarship has been declined.
- III. The following documents are required for an application to be considered, all documents required for the grounds under which the application is being processed must be scanned and uploaded as part of the application:

REQUIRED DOCUMENTS	Grounds for which required
a) Official evidence of completion of the approved course of study under the Scholarship Agreement (official Academic Transcript/ letter of completion/ Diploma or Certificate) or Status Letter where the scholar has not yet completed.	ALL
b) Official evidence of Citizenship and or residency status: (Copy of relevant passport page(s), visa, Green Card, CSME Certificate. Copies of any application or responses related to the acquisition of citizenship or residency).	ALL
c) Guarantor Consent Form Amending Contract Terms and Conditions	ALL
d) Plan of study outlining the relevance of the postgraduate programme to the National Development Human Resource Needs of Trinidad and Tobago.	i
e) Official documents from the Institution indicating: <ul style="list-style-type: none"> • Course of study; • Minimum period required for completion of the course of study; • Date of commencement; and • Duration of the course of study. 	i
f) A letter indicating the source / nature of financial support and a copy of any agreement / obligations under the funding arrangement. (where applicable)	i
g) Official documents from the Institution to the Internship/residency programme which must indicate: <ul style="list-style-type: none"> • The Name of the programme; • Obligations of the scholar (if any); and • Duration of the programme 	ii iii iv
h) A letter of recommendation from the Ministry of Health or other relevant Ministry indicating that: The residency programme is required for practising medicine in Trinidad and Tobago; and /or A 'Statement of Need' from the Ministry of Health indicating that the course of study is critical to the development of the health or other sector within Trinidad and Tobago.	ii iii
i) A letter of recommendation from the relevant Ministry indicating that: <ul style="list-style-type: none"> • The internship programme is required for practicing in Trinidad and Tobago; and /or • The internship will contribute to filling the need for the particular skill within Trinidad and Tobago. 	iv
j) Official offer of employment/attachment from the organisation abroad, including a copy of the Job Description and the nature of employment offered. (Please note that the period of engagement must be clearly stated.)	v
k) A document from the scholar outlining the areas that the attachment/job experience will contribute to the development needs of Trinidad and Tobago	v
l) A copy of the employment contract	v
m) Official medical certificates from a Registered Medical Practitioners. Medical Certificates must state: <ul style="list-style-type: none"> • The nature of the condition; and • The duration of the illness. • Medical certificates provided by Medical Practitioners outside of Trinidad and Tobago must be certified by a Notary Public or the Trinidad and Tobago Overseas Mission or Consulate that has jurisdiction where the Medical Practitioner functions. 	vi
n) Official letter from the Registrar/Admissions officer of the academic institution clearly outlining:	vii

<ul style="list-style-type: none"> The period required to complete the course of study; The revised completion date; The specific courses/research to be pursued during the period of Deferral Reasons for non-completion during the time as stipulated on the Scholarship Agreement. 	
o) Letter from the scholar indicating the reasons for non-completion of the required research.	vii
p) Copy of application and /or approval for the extension of No-pay Leave on grounds of public policy (FOR PUBLIC OFFICERS ONLY)	ALL
q) Any other relevant documentation requested by the SATD for the purpose of clarifying or substantiating the request.	ALL

Please make sure that you have submitted all required supporting documents for the grounds under which the application is being made, to ensure that consideration can be given to your request.

Name:	First Name	Last Name
Name of Academic Institution:		
Course of Study:		
Degree Level: (Please tick the appropriate box)	<input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: Please state _____	
Current Academic Year:	_____ Year	Scholarship Completed <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Scholarship Awarded:		
Ground for Deferral (Please tick the appropriate box)	<input type="checkbox"/> (i) <input type="checkbox"/> (ii) <input type="checkbox"/> (iii) <input type="checkbox"/> (iv) <input type="checkbox"/> (v) <input type="checkbox"/> (vi) <input type="checkbox"/> (vii)	
Period of Deferral:	Start Date:	End Date:

SECTION A - SCHOLAR INFORMATION

SECTION B – DECLARATION

I _____ hereby request a deferral of my obligation to serve the GoRTT on the following Ground.

No.	GROUNDS FOR DEFERRAL	Please Tick
i	To pursue postgraduate studies or postdoctoral research that is aligned to the National Development Human Resource Needs of Trinidad and Tobago	
ii	To pursue internships abroad in the medical field, in areas which are necessary for practicing medicine in Trinidad and Tobago, including the Foundation Programme.	
iii	To pursue other internships abroad which will add significant value to the Scholar's ability to perform obligatory service within Trinidad and Tobago	
iv	To pursue other residency programmes and postgraduate programmes in the medical field that are aligned to the needs of the health sector within Trinidad and Tobago.	
v	The Scholar wishes to pursue short-term employment or attachments, of not more than two (2) years, in foreign jurisdictions, which will provide requisite skills, abilities and work experience in their particular field of study, enhance the scholar's competencies and allow him/her to perform at a higher level within Trinidad and Tobago	
vi	Certifiable reasons relating to the Scholar's medical fitness.	
vii	The Scholar requires additional time to complete the programme of study, thesis or research and/or a request for an extension of scholarship has been declined	

I hereby acknowledge that should I choose to repay or breach my scholarship agreement, interest will incur from date of first payment including **period of deferral**.

I confirm that the information provided above and all the attachments are true and correct. I acknowledge that any false information provided or any relevant information deliberately withheld, may result in the immediate termination of my deferral.

Applicant's Signature: _____ Date: _____

NB: Please note that you must scan and upload all the required documents before your application can be submitted for processing.