**Scottish Foundation School - Application for Foundation Inter-Regional Transfer (IRT)**

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| **Personal Details** |
| Title |  |
| First name |  |
| Last name |  |
| GMC Number |  |
| Immigration status (e.g. Tier 4 or Tier 2) |  |

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| **Contact Details** |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Postcode |  | Contact number |  |
| Contact email address |  |

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| **Current Placement** |
| Current region (East, North, South East, West) |  |
| Current Programme (e.g. E01, N06, S10, W03) |  |
| Grade (incoming F1, current F1 or current F2) |  |
| Date of commencement of Foundation training |  |
| Expected Foundation Programme end date |  |
| Do you wish to complete your training flexibly (Less Than Full Time)? |  |

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| **Details of transfer request and supporting Documents** |
| Please tick to confirm you have discussed this request with your local Associate Postgraduate Dean for Foundation |  |
| What date do you wish the transfer to commence? |  |
| What other evidence have you included (if applicable)? |  |

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| **Criterion 1 – Parental/Guardian Responsibilities** |

**PART 1 – To be completed by the trainee**

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| **Details of child(ren):** |
| First Name: | Surname: | Date of birth: | Age: |
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| **Please provide copies of birth or adoption certificate(s) for the children listed above when sending evidence to the Scottish Foundation School.** |

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| Please give a brief overview of your change in personal circumstances relating to your parental or guardian responsibilities. |
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| **DECLARATION**I confirm that:* The information I have provided in this form is correct and truthful
* I understand that failure to provide the Scottish Foundation School with correct and truthful information may result in my application being withdrawn and/or referral to the GMC
* This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections
* I give my permission for all the information in this document to be shared with the Scottish Foundation School team and relevant parties if necessary
* I give my permission for information in my application to be used in an anonymised form for review and evaluation of the processes and outcomes of the Scottish Foundation School IRT process
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| Trainee Signature: |  |
| Print Name: |  |
| Date: |  |

**Part 2 – To be completed by the trainee’s Educational Supervisor or Foundation Programme Director**

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| **The trainee whose details are above is applying for a transfer to a region in a different location due to a significant change in circumstances relating to parental/guardian responsibilities.**To demonstrate that the trainee has had a change in caring responsibility for a child or children under the age of 18, they **must** submit this document, countersigned by their current Educational Supervisor or Foundation Programme Director.**The signatory of this form will not be able to approve or deny a transfer request but instead must be able to confirm that the information provided on page 1 of this document is accurate to the best of their knowledge.**All decisions regarding a trainee’s eligibility will be taken by the Scottish Foundation School team. |

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| **Details of Educational Supervisor or Foundation Programme Director:** |
| First Name |  |
| Surname: |  |
| Position (please circle) | **Educational Supervisor / Training Programme Director** |
| GMC Number |  |
| Hospital/Site |  |

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| **DECLARATION**I confirm that:* I am the trainee’s current Educational Supervisor or Foundation Programme Director
* The information provided by the trainee is, to the best of my knowledge, correct and accurate
* By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the Scottish Foundation School Team
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| Signature: |  |
| Print Name: |  |
| Designation |  |
| Date: |  |