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

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

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

|  |  |
| --- | --- |
| **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)? |  |

|  |  |
| --- | --- |
| **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)? |  |

|  |
| --- |
| **Criterion 3 - Medical Condition** |

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

|  |
| --- |
| **DECLARTION**  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to provide the Scottish Foundation School with correct and truthful information may result in my application being withdrawn and/or referral to the GMC * This document has not been edited by myself or the signatory other than to provide information required to answer the relevant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 |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date: |  |

**PART 2 – For completion by Occupational Health Physician, GP or medical specialist**

|  |
| --- |
| **This document must be submitted by the trainee in support of an application for a Scottish Inter Regional Transfer on the criterion of a disability.**  The person whose details are above is a medical trainee applying for a transfer to a region in a different location because of a change in circumstances due to a disability.  This document is essential to verify that the trainee has a disability (physical or psychological) as defined by the Equality Act 2010, for which treatment is an absolute requirement and is required to take place in the geographical area the trainee has applied to relocate to, as confirmed by statements from their Occupational Health Physician, GP or medical specialist providing treatment.  To support his/her application s/he requires statements from their Occupational Health Physician, GP or medical specialist, in which they should:   * confirm the disability (be it physical or psychological); * describe the nature of the ongoing treatment and frequency of follow up required; * state why the reasonable adjustment of a transfer needs to be made; * state how a move would support the trainee in their change of circumstances.   Please complete and sign **PART 2** of this form and return it to the trainee for submission.  **The information provided within this document will be reviewed by the Scottish Foundation School team which is an administrative team with no clinical experience or knowledge. By signing the previous page and submitting this document as part of the Scottish Foundation School IRT application process, the trainee has given consent for this information to be shared with the team.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How long have you known the trainee? | |  | years |  | | months | | |
| Please briefly describe the current medical condition or disability: | | | | | | | | |
|  | | | | | | | | |
| Date of diagnosis: |  | | | | | | | |
| Is the trainee’s condition a disability as defined by the Equality Act 2010? | | | | Yes | ☐ | | No | ☐ |

|  |
| --- |
| Please describe the nature of the on-going treatment and the frequency of follow up required: |
|  |

|  |
| --- |
| Please state why the reasonable adjustment of a transfer needs to be made and how a move would support the trainee in their change of circumstances: |
|  |

|  |
| --- |
| **DECLARATION**  **To be signed by Occupational Health Physician, GP or medical specialist involved in the treatment of the trainee.**  I confirm that:   * I am over 18 years old * I am not related to the trainee by birth or marriage * I am not in a personal relationship with the trainee nor live at the same address * I am a medical professional involved in the regular care of the trainee * The information I have provided on this document is correct and truthful * I am prepared to be contacted by the Scottish Foundation School team to discuss this information if necessary |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Professional Status/Role |  | | |
| GMC number (if applicable) |  | | |
| Address 1 |  | | |
| Address 2 |  | | |
| Address 3 |  | Postcode |  |
| Contact number for any queries |  | | |
| Signature |  | | |
| Date |  | | |