**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 4 – Unique Circumstances** |

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

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| Please state the reason you are required to undertake your Foundation Programme in the requested location: |
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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to provide the Scottish Foundation School team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC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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| Signature |  |
| Print Name |  |
| Date |  |

**YOU SHOULD ALSO INCLUDE PROOF OF ADDRESS E.G. DRIVING LICENCE, UTILITY BILL DATED WITHIN THE LAST THREE MONTHS OR COUNCIL TAX BILL DATED WITHIN THE LAST TWELVE MONTHS**

**Part 2 – To be completed by a relevant professional**

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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 unique circumstances.To support his/her application s/he requires a statement from a relevant professional which:* describes the current unique situation
* explains why foundation training can only be carried out in a specific location rather than another location in Scotland

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.** |

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| Surname |  |
| First name |  |
| Professional Status/Role |  |
| Professional working relationship with applicant |  |
| How long have you known the applicant? |  | years |  | months |
| Address 1 |  |
| Address 2 |  |
| Address 3 |  | Postcode |  |

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| Please describe the current situation of the applicant: |
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| Please explain why Foundation training must be delivered in the specific location rather than elsewhere in Scotland: |
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| **DECLARATION**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 professional with relevant knowledge of the applicant’s unique circumstances
* 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
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| Signature |  |
| Print Name |  |
| Date |  |