**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 2 - Primary Carer** |

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

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| **Details of the Person being cared for** |
| First Name |  |
| Surname |  |
| Address 1 |  |
| Address 2 |  |
| Address 3 |  | Postcode |  |
| Date of Birth |  | Gender |  |
| Relationship to trainee |  |

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| Outline the care provided and your level of responsibility in the provision of this care. Please indicate how much of your time this takes each day/week. |
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| Could these responsibilities be taken by anyone else? If not, why not? |
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| What other services does the person you care for utilise? E.g. social services, private carers, translation/interpreter services, primary health care team. Have all local support resources been fully considered? |
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| How do you plan to combine these responsibilities with a demanding training programme that may involve irregular and anti-social working hours? Please provide as much detail as possible. |
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| What arrangements will you have in place for unexpected or planned periods when you will be unavailable? For example, if you have to do a week of nights or are asked to cover a shift for a colleague at short notice. |
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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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| Trainee Signature: |  |
| Print Name: |  |
| Date: |  |

**PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant**

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| The medical details of the disability of the person being cared for are not required. Our concern is to confirm that the applicant is the primary carer for that person. By primarycarer we mean the person who provides, or is responsible for the provision of, care, on a daily basis. Applicants who are part of a group, e.g. a family, which provides care for a person are not eligible to apply under the Scottish Inter Regional Transfer process.**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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| How long you have known the person being cared for by the trainee? |
|  | Years |  | Months |

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| Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010? |
| Yes | ☐ | No | ☐ |

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| Please provide brief details of the type and level of care the trainee provides: |
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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 medical professional involved in the regular care of the person cared for by 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
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| Surname |  |
| First name |  |
| Professional Status/Role |  |
| GMC number (if applicable) |  |
| Address 1 |  |
| Address 2 |  |
| Address 3 |  | Postcode |  |
| Contact number for any queries |  |
| Signature |  |
| Date |  |