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| **Scottish Foundation School**  **Application (F1/ F2) for Foundation Inter-Regional Transfer (IRT)** |

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| **Criterion 3 – Health Condition or Disability** | | | |
| **Date that your circumstance changed** | *dd* | *mm* | *yyyy* |

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| **Please confirm that you have read and understood the Foundation IRT guidance on the Scottish Foundation School pages before continuing with this form** | ***Please tick*** |

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| **You are required to complete all sections of this form.** |

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| **Your Details** | | |
| **First name** |  | |
| **Surname** |  | |
| **GMC Number** |  | |
| **Contact Number** |  | |
| **Email address (nhs.scot)** |  | |
| **Grade**  **\**Please indicate*** | ***Current F1*** | ***Current F2*** |

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| **Current Placement** | | | | |
| **Current Region and Programme number** | ***Region*** | | ***Programme number*** | |
| **Foundation Programme start date** | ***dd*** | ***mm*** | | ***yyyy*** |
| **Expected Foundation Programme end date** | ***dd*** | ***mm*** | | ***yyyy*** |
| **Date of your last or expected date of ARCP** | ***dd*** | ***mm*** | | ***yyyy*** |
| **Is your currenttraining** | ***Full time*** | | ***Less than full time (include %)*** | |
| **Do you require a VISA to work in the UK** | ***Y/N*** | | ***State your current VISA type*** | |
| **Please confirm that you have discussed this request with your Foundation Programme Director and Associate Postgraduate Dean for Foundation** | ***Foundation Programme Director*** | | ***Associate Postgraduate Dean*** | |
| ***Name*** | | ***Name*** | |
| ***Date*** | | ***Date*** | |

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| **Your Transfer Request Details** | | | | |
| **What Region do you wish to transfer to**  ***\*Please indicate*** | ***East*** | ***North*** | ***South-east*** | ***West*** |

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| **Your Personal Statement** | **Criterion 3 – Health Condition or Disability** |
| **Please provide a brief overview of the change in your circumstances (200 words maximum)** | |
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| **You are required to provide supporting evidence for Criterion 3 – Health Condition or Disability**  **Failure to provide all evidence may result in your application not being considered by the Scottish Foundation School Review Panel.** | | |
| **Criterion 3 – Medical Condition or Disability** | **attached** | |
| **A supporting statement by the current medical specialist treating/managing the condition in which they are required to:**   * **describe the current medical condition (physical or mental health) or disability** * **describe the nature of the on-going treatment** * **confirm the frequency of the on-going treatment** * **explain why the follow up must be delivered in a specific location rather than by other treatment centres in the UK and why this is an absolute requirement** | ***Y*** | ***n*** |
| **The signatory must:**   * be over 18 * not be a doctor in training of any grade (up to ST8) * not be related to the applicant by birth or marriage * not be in a personal relationship with the applicant * not live at the same address as the applicant. * have known the applicant for **1 month or more.** In circumstances where this is not the case, the applicant must provide an explanation as to why their supporting signatory has not known them longer, and why an alternative signatory could not be used to support the application. |  |  |
| **Proof of address must be provided which is in your name, and this must be for a home that falls within the boundaries in the requested region.** | ***Y*** | ***n*** |

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| **Foundation doctor Declaration Checklist** | **Criterion 3 –Health Condition or Disability** |

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| **I confirm that:** |  |
| * **I am applying for an inter region transfer under Criterion 3 – Health Condition or Disability** | **Y/N** |
| * **My application is due to a change in my circumstances.** | **Y/N** |
| * **I have explained the changes to my circumstances and how these meet Criterion 3 – Health Condition or Disability** | **Y/N** |
| * **I have read and understood the IRT guidance on the Scottish Foundation School web pages.** | **Y/N** |
| * **I am NOT under a current GMC or criminal investigation.** | **Y/N** |
| * **The information contained within my application and the supporting evidence is accurate and truthful.** | **Y/N** |
| * **I understand that I MUST NOT contact any of the team in the region I wish to transfer to by any means.** | **Y/N** |
| * **I understand that my information will be treated confidentially, and I give my permission for all the information in this application to be considered by the Scottish Foundation School IRT review panel.** | **Y/N** |
| * **I understand that if my application is approved, I am expected to take up any programme offered to me, if there is a vacancy in the requested region. If I decide not to accept the offered programme my application will be terminated.** | **Y/N** |
| * **I give my permission for information in this application to be used in an anonymised form for review and evaluate the process and outcomes of the Scottish Foundation School IRT process** | **Y/N** |
| * **All outcome decisions are final and there is no appeal process.** | **Y/N** |
| * **I understand that I will be informed by email of the outcome decision.** | **Y/N** |
| * **I have included all required supporting evidence with my application form to the Scottish Foundation School.** | **Y/N** |

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| **Signature** | **Date** |

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| **Foundation doctor Declaration** | **Criterion 3 – Health Condition or Disability** |

**To be completed by your Foundation Programme Director or Associate Postgraduate Dean for Foundation**

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| **I confirm that:**   * **I am the Foundation doctor’s current Foundation Programme Director or Associate Postgraduate Dean** * **The Foundation doctor has met with me and discussed their change in circumstances.** * **The information provided by the Foundation doctor is, to the best of my knowledge, correct and accurate.** * **The Foundation doctor whose details are above is applying for a transfer to a region in a different location due to a significant change in circumstances since commencing in their post.** * **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 and review panel.** |

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| **First Name *(PRINT)*** | **Surname *(PRINT)*** |
| **Signature** | **Date** |
| **\*Foundation Programme Director/ Associate Postgraduate Dean**  ***\*Delete as appropriate*** | |

**Foundation doctors must submit their completed application form and supporting evidence to:** [**sfas@nes.scot.nhs.uk**](mailto:sfas@nes.scot.nhs.uk)